

Document Verification for Enrollment

1. I have received, read, discussed with AMS staff, and understand each of the following documents posted on the AMS website (www.ashevillermontessorischool.com), and will seek to enhance my child's education by following those policies while he/she is enrolled in the school:
 1. NC Child Care Laws & Rules
 2. NC's Standard Policy on Discipline and Behavior Management
 3. AMS Code of Conduct
 4. Asheville Montessori School Release Plan for Children
2. I have thoroughly completed the **Release & Emergency Contact Information** form, and returned it to the AMS office.
3. I have completed the **New Student Questionnaire** as thoroughly as possible.
4. I understand that the **Children's Medical Report** must be completed and signed by a licensed physician or certified nurse practitioner **before being admitted, or within 30 days following admission**.ⁱ If I have not already done so, **I agree to have this assessment completed and returned to AMS by: _____.**
5. I understand that my child must have a **CURRENT record of immunization on file**, or a signed religious exemption form, before being admitted, or **within 30 days of enrollment**.ⁱⁱ If I have not already done so, **I agree to have this record up-to-date, and returned to AMS by _____.**
6. I understand it is my responsibility to update my child's immunization record with the AMS office each time my child receives an immunization.
7. **If my child has allergies, I have explained them in writing** on the Release & Emergency Contact Information form. **If my child's allergies are severe:**
 - I have completed an **Food Allergy Action Plan**, and have discussed it with my child's teacher.
 - I have given my child's teacher a **current epi-pen** (within the expiration date) **or other medication with instructions** to keep in the classroom for emergency use.

8. AMS Car Seat Policy & Waiver (Read & Initial)

I acknowledge that the staff members of Asheville Montessori School have not been trained as car seat technicians. I further acknowledge that by signing below, I am giving my consent and waiver of liability to AMS, so that they may assist me by placing my child in the seat and buckling it. I further acknowledge that I take all responsibility that my child is placed in the appropriate car seat and safely secured before I leave facility.

_____ Initials

9. **Please choose** your preferred method to receive monthly invoices & statements and other financial information:

- Please send **via EMAIL**, to this address: _____
- Do not send via email. I would like to receive hard copies **via US mail**.

9. **Please check one:**

- I prefer that my child **does not** appear in any publication or media coverage.
- I give permission for Asheville Montessori School to use any photographs or video tapes of my child taken at school in various publications, including but not limited to brochures, web pages, or news media coverage.

10. **PAPERLESS NEWSLETTER OPTION:** Our weekly newsletters contain IMPORTANT information about classroom/school events and activities. This weekly newsletter will be emailed to you, and a paper copy will be sent home in your child's folder. Other important items & information will still be sent home in your child's folder, as necessary. If you would like to opt out of receiving the hard copy of the newsletter, and feel that you can stay connected by reading the emailed version, **please check here to receive E-News (email) ONLY _____.**

I **verify** that I have reviewed this document carefully, and agree to all statements in sections 1-7. I have thoroughly read and understand all policies and procedures as described in the associated documents, and have had the opportunity to discuss them with the Director. I have answered all questions thoroughly and accurately. I understand that these forms are necessary for my child's continued enrollment, and I agree to all policies and procedures as they are stated.

Parent / Guardian SIGNATURE*
(*should be the same individual who signed the application)

Signature Date

ⁱ (N.C.G.S. 110-91.1) The assessment must be completed and signed by one of the following: a licensed physician, the physician's authorized agent who is currently approved by the NC Medical Board, or comparable certifying board in any state contiguous to NC, a certified nurse practitioner, a public health nurse meeting the Department's Standards for Early Periodic Screening, Diagnosis, and Treatment Program.

ⁱⁱ NC state law doesn't accept religious exemptions for individual immunizations or for specific doses of a particular immunization. In other words, the state demands that every child's immunization record be on file, and remain up-to-date for their age. The only exception to this rule is for those families who choose not to vaccinate for religious beliefs, and sign the religious exemption form. Please understand that each child must have either a signed religious exemption form, OR an up-to-date immunization record on file within 30 days of enrollment, but we CANNOT accept both.