



Noble World Montessori School

Founded 1993

" ..The most important period of life is not the age of university studies; rather the period from birth to the age of six, for that is the time when intelligence itself is being formed. "
Dr. Maria Montessori

Parental Agreements with the School

THIS AGREEMENT is entered into by and between *Noble World Montessori School* ("School") and the parent(s) or guardians ("Parent") whose signature(s) appears below and remains in effect so long as the child enrolls at School.

1. The School agrees to enroll his/her child _____ (hereinafter referred to as Student) .
2. Before any medication is dispensed to Student, Parent will provide a written authorization, which includes: name of Student; name of medication; prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with Student's name marked on it.
3. Student will not be allowed to enter or leave the school without being escorted by the Parent, person authorized by the Parent or School personnel.
4. It is the Parent's responsibility to keep Student's records current to reflect any significant changes as they occur; e.g., telephone numbers, work location, emergency contact; Student's physician, Student's health status; meal plans; immunization records; etc.
5. The School agrees to keep Parent informed of any incidents, including illnesses, injuries, adverse reactions to medication, etc., which involve student.
6. The School agrees to obtain written authorization from Parent before Student participates in transportation, field trips, special activities away from the School and water-related activities that are more than two (2) feet deep.

Permissions

7. Student **has** **has not** Parent's permission to participate in water activities planned by School. Parent understands that two adults will be in constant supervision and that safety rules will be enforced. This is not intended as a waiver or release of any legal responsibilities.
8. School **has** **has not** Parent's permission to take any photographs, movies or video tapes of Student for publicity purposes.
9. Parent agrees to permit Student to undergo vision, hearing (audiometric) and speech/language screening by a certified screener or to provide proof of such screening conducted privately by a physician, optometrist or other licensed professional as required by school.

Parental Agreements to Provide Lunch for their Child

10. Parent understands that it is their responsibility to provide a nutritious lunch for Student on the day that he/she attends School's full- or extended-day program.
11. Parent understands that these lunches must conform to the USDA guidelines for nutritional needs for the school aged child.
12. School has provided Parent with these guidelines from Department of Human Resources.
13. Parent understands that if Student lunches do not conform to these guidelines, he/she will be supplemented, and that Parent will be charged for the service.

Emergency Medical Care Authorization

14. Should Student suffer an injury or illness while in the care of the School and the School is unable to contact Parent immediately, it shall be authorized to secure such medical attention and care for the Student as may be necessary. Parent shall assume responsibility for all medical expense incurred during the treatment of Student.
15. Parent hereby authorize the staff and director, representing School to give consent for any and all necessary emergency medical treatment for Student while said Student is in said individual's custody.
16. Parent(s) has received a copy of school handbook and agrees to abide by the policies and procedures stated herein.

Signature of Parent(s) or Guardian(s) _____

State of Georgia. County _____ subscribed and sworn before me on this _____ day of _____.

Notary Public _____ Commission expires on _____

"Observation, Discovery, Learning"