



Avalon Montessori

395 Ray Thorington Road
Montgomery Al 36117

www.avalonmontessoringm.com

Enrollment Contract 2023-2024

CHILD'S INFORMATION

NAME: _____ BIRTH DATE: _____ AGE _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

GUARDIAN 1 INFORMATION

Name: _____ Ho. Ph: _____ Cell Ph.: _____

Address: _____ Email Address: _____

Employer: _____ Occupation: _____

GUARDIAN 2 INFORMATION

Name: _____ Ho. Ph: _____ Cell Ph.: _____

Address: _____ Email Address: _____

Employer: _____ Occupation: _____

EMERGENCY CONTACT 1 INFORMATION

Name: _____ Ho. Ph: _____ Cell Ph.: _____

Address: _____ Relation to Child: _____

EMERGENCY CONTACT 2 INFORMATION

Name: _____ Ho. Ph: _____ Cell Ph.: _____

Address: _____ Relation to Child: _____

CHILD SERVICES REQUIRED

Toddler Program: 5 Half Days: _____ 5 Full Days: _____ 5 Extended Days: _____

Primary Program: 5 Half Days: _____ 5 Full Days: _____ 5 Extended Days: _____

As a rule, I will drop off my child to Avalon Montessori School at _____ a.m. and pick up at _____ p.m.

MEDICAL INFORMATION

Medical Concerns/Allergies: _____

Doctor's Name & Phone Number: _____

DROP OFF/PICK UP INFORMATION

Others who may be dropping off/picking up my child to and from school:

Name: _____ Relation to Child: _____ Phone: _____

Name: _____ Relation to Child: _____ Phone: _____

HELP US GET TO KNOW YOUR CHILD BETTER

My Child Resides With Both Guardians Guardian 1 Guardian 2 Other (Please Specify) _____

My Child Is Fully Potty-Trained: Yes No

Name child prefers to be called. _____

Primary language(s) spoken at home? _____

Has your child been enrolled in any type of program or organized group before? _____

Does your child have any learning difficulties or difficulties with vision, hearing, or speaking? _____

Are there any reports, assessments, or narratives available for our review? Yes No

If yes, please attach a copy with this form.

Does your child receive any special services now or has in the past? Yes No

If yes, for what area(s) of need? _____ -

Do you have any specific concerns regarding your child? _____

Are there any legal proceedings between guardians (e.g., restraining order, divorce, child custody issues) that are ongoing at the time of enrollment that AMS needs to be aware of? Yes No

If yes, please specify: _____

EMERGENCY AUTHORIZATION

I give permission for Avalon Montessori School to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (If guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)

Both Guardians must sign (unless AMS, in its discretion, permits enrollment with one parent's signature):

Guardian 1 Signature: _____ Date: _____

Guardian 2 Signature: _____ Date: _____

FOR INTERNAL USE ONLY

Child's First Day of Attendance: _____ Child's Withdrawal Date: _____

This Child Meets the Definition of Homelessness According to the McKinney-Vento Homeless Assistance Act.