

Montessori School at Lilburn
1208 Rockbridge Rd, Stone Mountain, GA – 30087
Application Form 2025-2026

Date: _____

Program: Toddler Primary 10 month 12month

9am – 12noon 9am - 3pm 9am - 4pm 9am - 6pm

Child's Name: _____ Sex: _____
Last First Middle

DOB: _____ Age: ____ yrs ____ months Phone#_____

Address: _____
Street City State Zip

Mother's Name: _____ Phone #: _____

Address (if different from the child's): _____

Place of Employment & Address: _____

Phone #: _____ Cell #: _____ Email: _____

Father's Name: _____ Phone #: _____

Address (if different from the child's): _____

Place of Employment & Address: _____

Phone #: _____ Cell #: _____ Email: _____

Child's Living Arrangement: Both Parents Mother Father Other

Please list the names & relationship of persons authorized to pick up the child:

Name	Relations	Address	Phone #
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1. _____

2. _____

3. _____

Emergency Contact (other than parent): _____

Address: _____ Ph #: _____

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

**Montessori School at Lilburn
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Medical Care and Emergency Contact Form

Child's Name: _____ Sex: _____
Last First Middle

DOB: _____ Age: ____yr ____months Phone #: _____

Address: _____
Street City State Zip

Telephone Numbers:

Mother: Home: _____ Work: _____ Cell: _____ Email: _____

Father: Home: _____ Work: _____ Cell: _____ Email: _____

Alternate Emergency Contact:

	Name	Phone
1.	_____	_____
2.	_____	_____

Child's Physician: _____ Phone #: _____

Family Physician: _____ Phone #: _____

Known Allergies (food, medicine, etc.): _____

Medicines taken by the child: _____

Any past serious illness & when: _____

Any past hospitalization & when: _____

Health Insurance:

Company: _____ Policy Number: _____

Medical Treatment Consent: I hereby give permission to provide first aid care for my child. In the event I cannot be reached, I hereby authorize Montessori School at Lilburn to transport my child to Eastside Hospital. And I hereby grant my consent for the hospital and its medical staff to provide my child with emergency medical treatment which a physician deems necessary (including anesthesia). I agree to accept financial responsibility for all medical expenses incurred.

Parent's Signature: _____ Date: _____

**Montessori School at Lilburn
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Tuition / Enrollment Contract 2025 – 2026**

Child's Name: _____

Annual Tuition () 10 months or () 12month: \$ _____ Monthly Tuition: \$ _____

I/We recognize that the Montessori program is based on a succession of three-year interval and that the best results are obtained when the child remains in the program continuously through the age of 6+ years. I hereby state that it is my intention to follow this schedule as long as I am able to do so. However, I understand that should my child need to be withdrawn for any reason; a sixty-day written notice must be given on the first of the month. I understand that the school reserves the right to cancel this contract if the school determines that my child should not continue as a student for any reason.

Program: (check) Toddler Primary () Early bird: 7.30am – 8.30am
() 9.00am – 12.00noon () 9.00am – 3.00pm () 9.00am -- 4.00pm () 9.00am – 6.00pm

Tuition payment is due on the first day of the month. A \$25 late charge will be added to any tuition payment that is not made by the 3rd day of the month in which it is due, regardless of holidays, weekends, or school closings. In the event that any check is returned by the bank for insufficient funds, a \$25 returned check fee will be charged.

I/We agree to follow and adhere to the policies, rules and regulations of Montessori School at Lilburn hereafter called MSL as set forth in the *Parent Handbook*, and that said rules and regulations are incorporated into and made a part of this contract. I further understand that MSL reserves the right from time to time to make changes, both oral and written, to the *Parent Handbook* in order to update and/or clarify its policies, rules and regulations. In addition, I understand that MSL maintains the exclusive right to alter, amend, modify, eliminate, add to, interpret and apply all policies, rules and regulations outlined in the *Parent Handbook*.

I/We hereby grant my permission for my child to be photographed at school and consent to the use of these photographs by MSL without compensation to us in brochures, classroom displays, newsletters, and in any other way MSL deems necessary and appropriate to promote the program and its purposes and goals.

I/We understand it is necessary that MSL at all times has correct and current vital information of my child and me. I, therefore, promise to notify the school office promptly of any changes in our family's information (e.g., phone numbers, addresses, work place, and health issues).

Students are enrolled for the entire school year with no adjustments for absences or vacation. Payments are for a full school year period from August to May.

A 60-day written notice on the first of the month is required should withdrawal from school occur 60 days prior to the commencement or before the ten-month term is completed.

I/We understand and agree that in case of any reason beyond the MSL's control, MSL is closed for more than a week (5 school instruction days) with the exception of scheduled breaks and holidays, MSL will continue the instruction via virtual learning, during the period of virtual learning the tuition will be charged at a flat rate of \$999.00(nine hundred and ninety-nine only). Notice of withdrawal will not be accepted at the start or during the virtual learning program.

The person/persons signing below agrees to all terms and financial obligations set forth in this contract.

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

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**Please provide the following information for us to best facilitate to your
child's needs**

General Information:

Siblings: { } yes { } no Ages: 1. _____ 2. _____ 3. _____ 4. _____

Primary language spoken at home: _____

Is the child cared for by anyone else other than parents: _____

Child's Bedtime: _____ Child Wakes Up: _____

Is the child involved in any activities outside the school: _____

Any specific accommodations required to most effectively meet the child's needs: { } Y { } N

If Yes, Please Specify: _____

Must physical activity be restricted for health reasons: { } Y { } N

If Yes, Please Explain: _____

Does the child have any special needs that we should be aware of (temperament, motor difficulties, developmental delays, physical restrictions). Please Explain:

If yes, has the child been working with a professional / a therapist:

Eating Habits:

Any known food allergies: _____

Any dietary restrictions: _____

Educational History:

Has your child attended a Montessori School before:

Name of the School: _____

Dates Attended: _____

Any Pre-School previously attended:

Name of the School: _____

Dates Attended: _____

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Authorization to Dispense External Preparations

Child's Name: _____ Date: _____

I hereby give Montessori School at Lilburn's staff permission to apply one or more of the following products, in accordance with the directions on the container

- Baby Wipes
- Band – Aids
- Neosporin, Bacitran or similar ointment
- Bactine or similar first aid spray
- Sunscreen
- Insect Repellent
- After Bite or similar ointment
- Destin, Vaseline or similar ointment

Parent's Signature: _____ Date: _____

Volunteer Sign-up Form

Montessori School at Lilburn would appreciate the involvement of its families to create a strong community, however please note that it is not obligatory on the parents to volunteer if they do not wish to do so.

Child's Name: _____

Parent's Name: _____

Phone Number: _____ Email: _____

Do you plan to become involved with the school: { } Y { } N

If yes, what hobbies and skills would you like to share: _____

Please check if would be interested in volunteering in any of the following ways:

{ } Substitute Teacher

{ } Material Making

{ } Drawing, Painting, (or any related fields)

{ } Domestic Arts (carpentry, electrical, gardening, etc.)

{ } Provide child care (on the school premises) for evening meetings, parent teacher conferences.

Thank you for Volunteering

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UNIFORM POLICY

The students at Montessori School at Lilburn are required to wear the school uniform. The primary children may wear a plain navy-blue t-shirt/shirt (no large prints) with khaki bottoms. On Friday, the children may wear any comfortable clothing. The toddler children may wear any color comfortable clothing.

We have adopted a uniform policy to avoid distraction that may be caused due to fancy clothing and help the child concentrate better on his/her work. This also supports the concept of equality at the school.

Thank you for your cooperation.