

Welcome



Richmond Hill Montessori Preschool

2933 Hwy 17

Richmond Hill, GA 31324

912-756-4554

2020-2021

GA Lottery Pre-K

Parent Registration Packet

(Please Return Once Completed)

Teaching Children since 1994. Nationally accredited program



RICHMOND HILL MONTESSORI

RICHMOND HILL MONTESSORI PRESCHOOL

2933 US HWY 17, Richmond Hill, GA 31324

Tel: (912) 756-4554 • Fax: (912) 445-0286

Email: info@richmondhillmontessoripreschool.com

Thank you for your interest in our state funded Pre-K program for the school year **2020-2021**. Please fill out this registration packet to its entirety and return to RHMP.

February 10th, 2020 Pre-K Registration Packets become Available

Registration Packets can be picked up at the front office of Richmond Hill Montessori Preschool during normal business hours. It is not necessary to bring the student to registration. A child enrolling in Pre-K must be four years old on or before September 1, 2020. Registration packets will also be available via our school's website, richmondhillmontessoripreschool.com, on February 10, 2020.

February 10th – March 27th, 2020 Pre-K Registration

Registration packets will need to be returned during normal school office hours at Richmond Hill Montessori Preschool School. To be considered for the Pre-K lottery, all packets must be returned by 5:00 p.m. on Friday, March 27th, 2020. Any incomplete applications (missing required documents) or those received after Friday, March 27th, 2020 at 5:00pm will automatically be placed on a waiting list.

April 3rd, 2020 Pre-Kindergarten Lottery Drawing

Because the Georgia Pre-K program is limited to a specific number of student slots at each school, a lottery drawing will be held using the list of completed registered Pre-K students for Richmond Hill Montessori Lottery Prekindergarten (86 slots) at Richmond Hill Montessori Preschool on Monday, April 15th, 2020. Attendance is not necessary.

Required Documents for Registration: These items MUST be presented to register

- A. Copy of Child's Original Certified Birth Certificate
- B. Establish Residency – Residency is established by providing two items from the list below: (1) current month utility bill or document verifying utility services established for primary residence; (2) current month lease agreement or home purchase agreement; (3) previous year or most recent tax return; (4) current year Department of Family & Children Services documents; (5) current year Medicaid card.
- C. Copy of Child's Social Security Card
- D. Immunization Form 3231
- E. Eye, Ear, and Dental (EED-Form 3300) – Eye, Ear, and Dental (EED-Form 3300) will be required once your child turns 4 and is enrolled but does not have to be included at the time of the lottery draw. If you have the form completed, please include them in the lottery packets. Forms are available from the Bryan County Health Department (756-2611 or 653-4331) or your child's doctor. Pre-K students, who have not yet turned four, may provide these forms later. Forms must be received prior to enrollment.
- F. 2020-2021 Pre-Kindergarten Application

Thank you again for your interest in attending Richmond Hill Montessori Preschool's Georgia Lottery Pre-K program.

Catherine Nettles
Program Director

The Richmond Hill Montessori Lottery Prekindergarten Program provides child-centered learning experiences for children who meet age eligibility by turning four years of age by September first of each school year for a total of 180 school days. Each class is staffed with a 22:2 student/teacher ratio with 22 being the maximum class size.

The full day program provides a language-rich environment in which early learners are introduced to the formal educational setting that begins in Kindergarten. All Pre K classes use WINGS curriculum and the Georgia Early Learning and Developmental Standards which emphasizes a child-centered environment that teaches children to make good learning choices and learn positive interactions while developing peer relationships in our classroom environment. The curriculum involves active learning and provides the children with age appropriate materials. Pre-literacy and pre-math skills are emphasized throughout the curriculum.

The children who participate in the Pre-K program enter Kindergarten with the readiness skills necessary to be successful lifelong learners! The Pre-Kindergarten Program is funded entirely by the Georgia State Lottery and is considered to be one of the finest educational programs in the nation.



Georgia Department of Early Care and Learning

Please write the school year in the box →

2020-2021

Pre-K Registration Form School Year

(this section to be completed by the provider.)

PROVIDER LEGAL NAME: ES RHMP OPCO
SCHOOL/SITE NAME: Richmond Hill Montessori Preschool

CHILD INFORMATION (Please print name exactly as it appears on the birth certificate.)
CHILD'S LAST NAME:
CHILD'S FIRST NAME:
CHILD'S MIDDLE NAME: NAME SUFFIX: (i.e. Jr, Sr, II,III)
CHILD'S SOCIAL SECURITY#: D.O.B. (MM/DD/BY): SEX: []M []F
HOME ADDRESS (Do not enter PO Box Info): COUNTY:
CITY: STATE: GA ZIP: HOME PHONE: ()

If the Student is transferring from another Pre-K, please provide the following:
Previous School Name: Last Date in Attendance:

PARENT/GUARDIAN INFORMATION
Parent/Guardian #1 - LAST NAME: FIRST: MIDDLE INITIAL:
Home Address (If different from child):
City: State: Zip:
Home Phone: () Cell Phone: ()
Email Address:
Place of Employment: Work Phone: ()
Address:
City: State: Zip:
Parent/Guardian #2 - LAST NAME: FIRST: MIDDLE INITIAL:
Home Address (If different from child):
City: State: Zip:
Home Phone: () Cell Phone: ()
Email Address:
Place of Employment: Work Phone: ()
Address:
City: State: Zip:

EMERGENCY CONTACT INFORMATION (Persons to contact in the event that either parent/guardian cannot be contacted)
NAME RELATIONSHIP CELL PHONE ALTERNATE PHONE EMAIL
1.
2.

failure to comply with these attendance requirements could result in disenrollment. I understand that I cannot register my child without appropriate age documentation. I have attached a copy of appropriate age documentation to this registration form.

SIGNATURE (Parent/Guardian): _____ **DATE:** _____

CHILD MAINTENANCE

CHILD'S LIVING ARRANGEMENTS: BOTH PARENTS MOTHER FATHER OTHER

CHILD'S LEGAL GUARDIAN: BOTH PARENTS MOTHER FATHER OTHER

THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>CELL PHONE</u>
-------------	----------------	---------------------	-------------------

1.

2.

3.

4.

CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE): _____ .

DATE OF LAST FULL HEALTH SCREENING: _____ PHONE: ()

MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):

THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:

MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:

GENERAL RELEASE

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to Pre-K providers, the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by Pre-K providers or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities.

SIGNATURE (Parent/Guardian): _____

DATE: _____

PHOTOGRAPH/VIDEOTAPE RELEASE

I hereby grant permission for the Pre-K provider specified below, the Georgia Department of Early Care and Learning (DECAL) and certain agencies or entities contracted by the Pre-K provider or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities, to record the participation and appearance of my child, _____, by photograph and/or videotape in connection with daily Pre-K activities for the purposes of news releases, reporting, and assessing the progress of children and the program. DECAL and its contractors are authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that DECAL deems appropriate. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for DECAL and/or on DECAL's web site.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the Pre-K provider, DECAL, and other entities contracted by the Pre-K provider or DECAL, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

PRE-K PROVIDER NAME/ADDRESS: Richmond Hill Montessori Preschool
2933 US Hwy 17, Richmond Hill, GA 31324

SIGNATURE (Parent/Guardian): _____

DATE: _____

Legal Last Name (<i>Apellido</i>)		
Legal First Name (<i>Primer Nombre</i>)		
Legal Middle Name (<i>Segundo Nombre</i>)		Name Suffix (<i>Sufijo</i>) (Jr,II,III)
Child's Social Security #	DOB (<i>Fecha de Nacimiento</i>) (M/D/Y)	Gender (<i>Sexo</i>)
____-__-__	____/____/____	M <input type="checkbox"/> F <input type="checkbox"/>
Date enrolled in Pre-K (M/D/Y)	If different from birth certificate, name student is called	
____/____/____		

1. Is your child's ethnicity **Hispanic/Latino/Spanish Origin**, regardless of race? (*¿Es Ud. Hispano/Latino o de Origen Hispano, sin importar la raza?*)

Yes (*Si*) No (*No*) Decline to Answer (*negarse a contestar*)

Please select **ONE OR MORE** of the following races regardless of how you answered question one. (**TODOS** deben seleccionar **UNA O MAS** de las siguientes razas sin importar cómo haya contestado la primera pregunta.)

2. Is your child:

a. **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. (**Blanco** – Una persona que tiene orígenes en los pueblos provenientes de Europa, el Medio Oriente, o África del Norte.)

b. **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (**Asiática** – Una persona con orígenes en los pueblos provenientes del Lejano Oriente, Suroeste de Asia, o el subcontinente Hindú incluyendo, a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, Las Filipinas, Tailandia, y Vietnam.)

c. **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (**Nativo de Hawaii u Otra Isla del Pacífico** – Una persona con orígenes en los pueblos provenientes de Hawaii, Guam, Samoa, u otra Isla del Pacífico.)

d. **Black or African American** – A person having origins in any of the Black racial groups of Africa. (**Negro o Afro Americano** – Una persona con orígenes en los pueblos provenientes del África o en grupo racial Negro.)

e. **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North and South America including Central America, who maintains a tribal affiliation or community attachment. (**Indio Americano o Nativo de Alaska** – Una persona con orígenes en los pueblos provenientes de América Del Norte y del Sur, incluyendo América Central, que mantiene una afiliación tribal o comunitaria.)

f. **Decline to Answer** (*negarse a contestar*)

3. What is your child's primary language? (*¿Cuál es el idioma primario de su hijo(a)?*)

English (*Inglés*)

A language other than English (*Un idioma diferente al Inglés*)

4. Was your child born as a: (*El parto en que Ud. tuvo a su hijo(a) fue de:*)

Single Birth (1) (*Un sólo niño*)

Twin (2) (*De mellizos*) **Triplet**

(3) (*De trillizos*) **Quadruplet (4)**

(*De cuatrillizos*) **Quintuplet (5)**

(*De quintuples*)

5. Does your child have an Individualized Education Plan (IEP)? (*¿Tiene su hijo(a) un Plan de Educación Individualizada (IEP)?*)

Yes (*Si*) No (*No*)

6. Does your child receive any of the following services? (*¿Recibe su hijo(a) alguno de estos servicios?*)

Childcare and Parent Services (CAPS) (child care subsidy program)

Food Stamps (*Cupones de Alimentos*)

SSI

Medicaid

Temporary Assistance for Needy Families (TANF)

7. Will the Pre-K center be providing transportation for your child? (*¿Recibirá su hijo(a) transporte en el Centro donde va a asistir a Pre-K?*)

Yes (*Si*) No (*No*)

Parent/Guardian Signature

Date



Child Enrollment Information & Parental Agreement

Child's Name: _____ Sex: _____ Age: _____ Birth Date: ____/____/____

Home Address: _____ City: _____ State: _____ Zip: _____

Primary Parent/Guardian Information (will be considered primary contact for all incidents/emergencies)

Name: _____ Email: _____

Cell Phone: _____ Cellular Provider: _____ **Text notifications (reminders, emergency, etc).*

By not providing a cell phone provider in an event of an emergency, RHMP reserves the right to proceed according to the parent handbook.

Employer: _____ Business Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Select all that apply:

- Lives with Legal Guardian Authorized Pick Up Emergency Contact

Secondary Parent/Guardian Information

Name: _____ Email: _____

Cell Phone: _____ Cellular Provider: _____ **Text notifications (reminders, emergency, etc).*

By not providing a cell phone provider in an event of an emergency, RHMP reserves the right to proceed according to the parent handbook.

Employer: _____ Business Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Select all that apply:

- Lives with Legal Guardian Authorized Pick Up Emergency Contact

Additional Authorization List

I also recognize the following individuals as emergency contacts/authorized pick-ups:

**Please include home addresses for each individual listed. *Please note any future changes must be done in person or in writing*

Name #1: _____ Relationship: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Authorized Pick-up Emergency Contact

Name #2: _____ Relationship: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Authorized Pick-up Emergency Contact

Emergency Information

Does your child have any unusual health conditions? No Yes _____

Does your child have any physical handicap? No Yes _____

Does your child have any drug allergies? No Yes _____

Does your child have any food allergies/preferences? No Yes _____

My child has the following special need(s): _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

Child Doctor: _____ Phone Number: _____

****In the event of an extreme emergency I understand that my child will be transported by the Richmond Hill Ambulance Services to St. Joseph Hospital for care.*

Parental Agreements

Richmond Hill Montessori Preschool agrees to provide care for my child, _____ on Monday – Friday, from 8 a.m. to 2:40 p.m. from August – May. My child will participate in **Lunch** and **Afternoon Snack**.

I require before/after school care for my child starting as early as 6:30 a.m. and/or until 6:15 p.m. and my child may also participate in **Breakfast**.

Before any medication is dispensed to my child, I will provide a written authorization, which includes: name of child, date, name of medication, prescription number (if applicable), dosage(s), date and time of day medication is to be given. Medication will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), or person authorized by the parent(s), or facility personnel. Only before/after school (extended care) children will be signed in/out at the front desk by guardian and escorted to proper room. All other Lottery Pre-K are required to use car rider line.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me reasonably informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child. The facility also agrees to advise me of my child's progress and issues related to my child's care and special needs.

Richmond Hill Montessori Preschool agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water related activities occurring in water that is more than two feet deep.

I am encouraged to participate in special activities at the center.

I authorize Richmond Hill Montessori Preschool to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for Richmond Hill Montessori Preschool.

Print Parent/Guardian Name

Parent/Guardian Signature

Date



RICHMOND HILL MONTESSORI PRESCHOOL

2933 US HWY 17, Richmond Hill, GA 31324

Tel: (912) 756-4554 • Fax: (912) 445-0286

Email: info@richmondhillmontessoripreschool.com

GA Lottery Pre-Kindergarten **MEAL ASSESSMENT & EXTENDED CARE FEE AGREEMENT**

The State of Georgia provides a tuition free education for your child. Our program at RHMP begins August 2020 and extends through May 2021. The Meal Assessment and Extended Care Fees are listed below:

Please select one of the following:

_____ \$106/Month

Meal Assessment (8:00am-2:40pm)

The Meal Assessment Fee covers the cost of daily hot nutritious USDA and CCS recommended lunch and afternoon snack. RHM conducts family style dining with all meal components met for CCS guidelines to include preparation, clean up, and all consumables (plates, cups, utensils, napkins, disposable supplies, etc.)

The first Meal Assessment Fee payment will be processed the Friday before the start of school. All Meal Assessment payments going forward will be processed the 1st of each month.

A late fee of \$25.00 will be assessed if the Meal Assessment payment is not received in full by the 5th of each month.

In the event that you require extended care hours, advance notice should be given to administration. A daily rate of \$20 will be charged.

Any student not picked up from car rider by 3:00pm will be automatically placed into Extended Care and late pick-up fees will be assessed. Late pick-up fees are as followed; \$25 (3:00-5:00pm) and \$30 (pick up after 5:00pm).

_____ \$470/ Monthly with a \$100 Registration Fee **Extended Care (Before/After School)**

The Extended Care Fee covers the cost of daily hot nutritious USDA and CCS recommended lunch and afternoon snack. RHM conducts family style dining with all meal components met for CCS guidelines to include preparation, clean up, and all consumables (plates, cups, utensils, napkins, disposable supplies, etc.)

The Extended Care hours are 6:30-8:00am and/or 2:40-6:15pm Monday through Friday, not to exceed 10 hours daily

The first Extended Care and Registration Fee will be processed the Friday before the start of school. All Extended Care payments will be proceed according to your selected payment schedule below:

\$235 –Semi-Monthly (1st/15th)

\$470 – Monthly

Extended Care/Meal Assessment must be paid in full to participate in End of Program Celebration/Graduation

*If you choose to participate in the Pre-K program it will be for the entire school year (August 2020- May 2021)
RHM reserve the right to make changes concerning dates, fees associated with meals and extended care, hours and enrollment after the Governor completes his annual session on budgets and Pre- K funding.

Parent Name

Parent Signature

Date

Field Trip / Medical Waiver

Field trips are an important part of the school curriculum and in order to acknowledge that our program may participate in field trips we ask that you complete this form. Your child's teacher will post notification before each field trip so that you will always know when your child is off campus and to what location your child will be going to. You will be required to sign a field trip form to authorized your child's participation.

This is to certify that I give Endeavor Schools Richmond Hill Montessori Preschool permission to transport my child

Centers Name

Child's Name

I, _____ as parent/guardian of _____ (child's name) hereby release and forever discharge the Richmond Hill Montessori Preschool, its owners, director, employees, and agents from any and all claims demands, rights, and causes of action that I may have either in my own behalf or in my capacity as legal representative of my child, arising from or in any way connected with his/her participation in the Georgia Lottery Pre-K that may occur on field trips as well as all claims that may arise because of travel to and/or from the field trip.

Parent Signature

Date

Person(s) to be contacted in case of emergency:

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Insurance Information

Policy (Company) Name: _____ Policy/Group Number: _____

Name of Insured: _____

Medical Information

The following information will be provided to EMS personnel, physician(s), and other health care personnel as needed in the event your child needs assistance and you cannot be located. I/We, the parents of _____, hereby give EMS personnel, physician(s), and other health care personnel permission to render medical treatment to the child in case of illness or injury. I further authorize you to transport to child to _____ hospital and/or the family physician, _____ and may be reached at _____ (phone number). If the family physician cannot be contacted, I authorize the emergency room physician to treat my child. I hereby release the Richmond Hill Montessori Preschool and its owners, director, employees, and agents from all claims arising from such treatment or care.

My child has the following medical needs of which you should be aware in providing health treatment:

Medical Conditions:

Medication Allergy:

Medication Taken Daily:

Parent Name

Parent Signature

Date