AAIMS Montessori School

Georgia Pre-K Classroom Waiting List Form

Child's Name:	Child's Date of Birth:	
Mother's Name:	Primary Email:	
Father's Name		
Street Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
Cell Phone (MOM) :	Cell Phone (DAD):	
Early Care Pi	rogram Mon – Fri 8:00 a.m. – 8:30 a.m.	\$100.00/ month
Early Care Pi	rogram Mon - Fri 8:00 a.m 8:30 a.m.	\$100.00/ m

Early Care Program Mon – Fri 8:00 a.m. – 8:30 a.m. \$100.00/ month Pre-K Program: Mon – Fri 8:30 a.m. – 3:00 p.m. Monthly Meal Fee (required for all students & will not be pro-rated): \$300/ month Nap mats (one-time fee) \$50/child Playball: Yes No

Please note the following information:

- AAIMS Montessori School's GA Pre-K program follows Montessori curriculum.
- The required ratio in the classroom is two teachers to twenty-two students.
- AAIMS Montessori School serves fresh and nutritious meals prepared on site and it includes lunch and midmorning and mid-afternoon snacks.
- The one day cost for care is \$75 for any day the Pre-K classroom is closed and you need your child to stay in another classroom for the day.
- All fees are non-refundable and cannot be pro-rated.
- The after school program includes Montessori curriculum of enrichment in math, science, geography, reading, writing, music, and physical activities.
- There is a five minute grace period for pick-ups, however late fees will be charged daily for late pick up.
- Students currently enrolled at AAIMS in the Private program receive preference. The remaining spots will be decided by a random drawing as we receive a renewal from the state each year.

decided by a random drawing as we receive a renewal from the state each year.			
(Circle one) Mild M	What kind of temperament does yo annered Mild Defiant - Aggressive (tan		
Is there any infor	rmation about your child we should kn	now including possible allergies? -	
Required Documents: immunization records (Form 3231), hearing/vision test records (Form 3300), a copy of your child's social security card, a copy of your child's birth certificate, and a proof of residence (ex: utility bill)			
Parent Agreement	t:	Date:	



Please write the school year in the box

Georgia's Pre-K Program Waiting List Information Form School Year

Clearly print the name as it appears on the Birth Certificate Today's Date (M/D/Y) Last Name First Name Name Suffix (Jr, Sr, II, III) Date of Birth (M/D/Y) Gender Last 4 Digits of SSN _ м F Home Address City State Zip GA County of Residence Parent/Guardian Name Preferred Phone Number Additional Phone Number **Email Address** Preferred Method of Communication Phone call: Email: Text message: Cell phone number: Information provided on this form is shared with Georgia Department of Early Care and Learning for the purpose of maintaining a state level waiting list for Georgia's Pre-K Program. By completing this form and signing below you consent to the sharing of this information . Parent/Guardian Signature Date