

New Student Enrollment Packet



Student Name:

Electronic Signature Approval

By checking this box, I authorize the below typed name to stand as my electronic signature, and submit the following forms as my intention and will.

Signature

Date

Required Forms

- Emergency Authorization Form
- Photo & Video Release Form
- COVID-19 Waiver
- Community Handbook Acknowledgment

Provided Separately (on the enrollment forms page of our website)

Medical Packet (Medical Report & Immunization Record; Physician Signature Required, due 8/15)

Tuition Agreement (Available through TADS)

Required Forms for Students with Medical Needs (check any that apply and request additional paperwork due 8/15)

- Asthma Action Plan
- Seizure Action Plan
- Permission to Administer Medication
- Food Allergy Emergency Care Plan
- Special Needs Info Packet

**Child's Health/Emergency Information and Authorization Form
for Transportation Providers
(To be completed by the child's parent or guardian)**

Health/Emergency Information

Child's Name: _____

Other Name Child Responds to (if applicable): _____ Birthdate: _____

Parent's/Guardian's Name: _____

Address: _____ Home Phone:() _____

Workplace: _____ Work Phone:() _____

Address where child is to be picked up and returned (if different from above): _____

Person(s) responsible for meeting child being transported: _____

In case of emergency and the parent(s)/guardian(s) cannot be reached, please contact one of the following persons:	
1) Name: _____	Phone:() _____
Address: _____	Relationship: _____
2) Name: _____	Phone:() _____
Address: _____	Relationship: _____

Please give specific instructions if your child needs special assistance, equipment, or materials when transported.

List any chronic medical condition or allergies your child may have as well as any medications your child may take:

Other important information about your child (please include any developmental or behavioral concerns):

Authorization for Transportation Services

I authorize the following transportation provider Sandhills Emergency Physicians _____ to transport my child to and from the following location _____

Signature of Parent/Guardian _____ Date _____

Authorization for Emergency Medical Care

In case of accident or illness requiring medical attention, the undersigned authorize Sandhills Emergency Physicians (transportation provider) to call a health care provider or to take my child _____ (child's name) to the nearest hospital or doctor, and it is understood that if possible, their services will be obtained. If neither parents nor preferred health care provider can be contacted, the transportation provider is authorized to contact another health care provider. It is also understood that this agreement covers only those situations, which in the best judgment of the transportation provider, are true emergencies.

The health care provider to call is:	My hospital preference is:
Name: _____	Name: _____
Address: _____	Address: _____
Phone:() _____	Phone:() _____

I authorize emergency treatment deemed necessary by a physician in the event that I cannot be reached for permission. I agree to be responsible for the cost of such emergency medical care.

Signature of Parent/Guardian _____ Date _____



the
garden
MONTESSORI & ARTS LEARNING CENTER

The Garden Photo & Video Release Form

please select ONE option below regarding photo and video permissions for your child

I hereby grant to Graham & Keane, LLC DBA The Garden absolute and irrevocable right and unrestricted permission in respect of photographic portraits, editorial or any pictures or videos taken of me or in which me and/or my child(ren) may be included with others, to copyright the same; to re-use, publish and republish the same in whole or in part, individually or in conjunction with other photographs, and in conjunction with any printed matter, in any and all media now or hereafter known, and for any other purpose whatsoever, for illustration, promotion, art, editorial, advertising and trade, or any other purpose whatsoever with restriction as to alteration; from time to time, or reproductions thereof in color, black and white or otherwise made through any media. I hereby waive any right that I may have to inspect or approve the finished products or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied. I hereby release, discharge and agree to save harmless Graham & Keane, LLC DBA The Garden its legal representatives or assigns and all persons acting under its permission or authority, from any liability in connection with the use of the photographs as aforesaid or by virtue of any alteration, processing or use thereof in composite form, whether intentional or otherwise, as well as any publication thereof. I understand that the photographs will be included into stock files. I agree that the photographs, the transparencies thereof and the rights to copyright the same, shall be the sole property of Graham & Keane, LLC DBA The Garden, with full right of lawful disposition in any manner. I hereby grant permission to Graham & Keane, LLC DBA The Garden to use any photographs of the participant(s) during activities in video, audio-visual and printed materials without compensation or approval rights.

Signature of Parent or Guardian: _____ Date _____

Printed Name of Parent or Guardian: _____ Printed Name of Minor(s): _____

I do NOT wish to have my child's photo or video shared in any manner. I do NOT give my permission to have my child's photo or video taken or shared in any fashion by The Garden or any of its employees.

Signature of Parent or Guardian: _____ Date _____

Printed Name of Parent or Guardian: _____ Printed Name of Minor(s): _____

I do not wish to have my child's photo or video shared publicly, however, I give permission for my child's photo to be taken and shared with ONLY me and any approved adults listed below:

Approved Adults: _____

Signature of Parent or Guardian: _____ Date _____

Printed Name of Parent or Guardian: _____ Printed Name of Minor(s): _____

I do not wish to have my child's photo or video shared publicly, however, I give permission for my child's photo to be taken and shared in class emails/newsletters which are distributed only to other Garden families.

Signature of Parent or Guardian: _____ Date _____

Printed Name of Parent or Guardian: _____ Printed Name of Minor(s): _____

Respectful Image Sharing Agreement (all parents are required to sign this portion):

I hereby agree to be respectful of other students' and parents' privacy in regards to any photos or videos that are shared in any fashion with members of The Garden community. I agree not to share photos on my own personal social media accounts or in any other manner without distinct permission from the parents of any child pictured.

Signature of Parent or Guardian: _____ Date _____

Voluntary Participation in Programs and Related Activities
Full Release and Waiver of All Claims

I, _____, am the parent or legal guardian of _____
 (“Child”), and agree and consent to the following:

I understand that The Garden, (the “Company”) is not a licensed day care facility but will open during the COVID-19 pandemic.

The Company will comply with the health and safety rules and procedures outlined in the COVID-19 addendum to the Community Handbook (the “guidelines”). I understand that the Company is only responsible to maintain compliance with such Guidelines, and that no statement has been made by Company which may be construed as a guarantee regarding the health or safety of my Child, including, without limitation, exposure to or transmission of COVID-19.

I understand and acknowledge that my Child’s participation in the programs provided by the Company is based on my sole, voluntary, and unbiased discretion. I further understand that Company may from time to time offer activities, crafts, exercise, educational, or other similar activities (collectively, “Activities”) in which my Child may participate. I understand that my Child is not required to participate in these Activities.

I also understand that Company and/or its agents and employees shall not be liable for any claim or potential claim for damages or other benefits in connection with any injury or illness suffered or contracted by my Child in connection with my Child’s participation in the child care services or Activities provided by the Company. I further agree to indemnify and hold Company and its parents, subsidiaries, divisions, past and current affiliated entities and successors, insurance carriers, partners, officers, agents, managers, employees, representatives, board members, attorneys, and assigns, in their official and individual capacities, harmless for any injuries sustained and any illnesses contracted by any member of the school community in connection with the Company’s provision of programs or Activities.

I agree that I am in the best position to assess and understand the health and physical condition of my Child and of myself, and I understand that it is my responsibility to consult with a physician prior to and regarding my Child’s participation in the program or the Activities. I affirm that my Child is fit and healthy enough to participate in any Activity and will refrain from engaging in such Activities if he or she is not physically fit enough to participate. I further waive any claims for personal injuries arising out of participation in these Activities. I assume all liability and take full responsibility for my actions, safety, and welfare, and for my Child’s action, safety, and welfare.

By entering into this Full Release and Waiver, I have not relied on any oral or written representation or statement made by Company and/or its agents and employees, other than what is set forth in this Full Release and Waiver. Any revocation of this Full Release and Waiver must be in writing and delivered to Company prior to participation in a specified Activity.

By checking this box, I authorize the below typed name to stand as my electronic signature, and submit this waiver as my intention and will.

Signature

Date

Community Handbook Agreement Form



The Garden Community Handbook is an open document intended to acquaint community members with school policies and guidelines. An addendum to our Handbook was created and sent out to families in order to address the ongoing COVID-19 Pandemic. Any new addendum to add to this handbook will be provided separately. It is imperative that the contents of this handbook be read and carefully reviewed by all community members.

Your agreement to abide by the policies contained in this Handbook is indicated by signing and submitting this document in agreement with the statement below. The Garden Community Handbook can be found on our school policies page here or a physical copy can be acquired by request only. Please read through the handbook along with any other parents/guardians/caregivers and sign this document electronically below.

Together we can work as a team to provide a positive, safe, and effective experience for each member of our community by adhering to these guidelines.

Thank you for your support.

Please sign the portion below to verify that you have read and agree to all terms, policies, practices, and other items listed here, please note that this is a living document and policies are subject to change; changes will be presented as they are made, and parents will be notified of any changes made and asked to sign stating that they have read and agree to any changes. Should you have any questions, requests for additions or edits of this document prior to signing, please contact us.

Signature

Date