



McGinnis Woods
Country Day School

**APPLICATION FOR
AFTERSCHOOL ADMISSION**

Please print and fill out all blanks (use NONE or N/A if not applicable)
2016-17

Child's Full Legal Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ SS# _____

Subdivision _____

County _____

ADMISSION REQUEST

Applying for: Grade _____ Preferred Start Date _____

STUDENT BIOGRAPHICAL INFORMATION

Date of Birth _____ Age _____ Citizenship _____

Place of birth _____
City State Country

Religious Preference _____

Ethnic Background:

_____ Asian or Pacific Islander

_____ American Indian/Alaskan Native

_____ Black/African American

_____ White/Anglo/Caucasian

_____ Other. Please specify _____

Sex: _____ Male _____ Female

PARENTS / GUARDIANS

Father: _____ **Mr.** _____ **Dr.** _____ **Mother:** _____ **Mrs.** _____ **Dr.** _____ **Ms.**

Name _____ **Name** _____

Occupation _____ **Occupation** _____

Title _____ **Title** _____

Employer _____ **Employer** _____

Address _____ **Address** _____

City, State, Zip _____ **City, State, Zip** _____

Work number(s) _____ **Work number(s)** _____

Cell Number(s) _____ **Cell Number(s)** _____

Work Hours _____ **Work Hours** _____

E-mail address _____ **E-mail address** _____

Parents:
_____ **Married** _____ **Divorced** _____ **Separated**

Address (if different from applicant's) _____

Describe the general health of the parents _____

Are there any limitations on either parent's right to pick up or visit the child at school?

_____ **Yes** _____ **No**

**If yes, please attach a copy of the court order to keep on file at McGinnis Woods.
Please explain any social or family circumstances of which McGinnis Woods should be aware:**

HEALTH INFORMATION

**Please submit immunization form 3231 & 3300 – required by Georgia law
Updated forms are required as they expire**

Physician _____

Practice _____

Address _____

City, State, Zip _____

Phone Number _____

Brief Health History _____

Social/Emotional/Behavioral/Developmental Concerns

Does your child have an IEP/evaluation? No Yes: **Date:** _____

Diagnosis: _____

Any school accommodations? No Yes: **Please describe:**

**** Please submit copy of IEP/evaluation**** copy attached

ALLERGIES

List all allergies or sensitivities to drug, food, etc. and reaction. Please write none if no allergies exist. *All food allergies require written documentation from a physician.*

**For each allergy listed that may require medication, an Allergy Action Form must be completed.

MEDICATION

State Law requires that all medication taken at school must be turned in to the office with the complete medication form to administer

List all medications currently being taken on a regular basis:

Any medical conditions or special needs (i.e.: Asthma, RAD, Reflux, food intolerance or religious food preferences) of which the school should be aware? _____ Yes _____ No
If yes, please explain

List symptoms: _____

List food(s) to be omitted from diet _____

_____ **Will send food.**

EMERGENCY AND RELEASE INFORMATION

Other persons in addition to parents to whom McGinnis Woods is authorized to release this child shall be listed below. Under no circumstances will McGinnis Woods release this child to anyone not identified below without specific instructions from the parent. Special instruction forms are available at the front desk. McGinnis Woods will not allow a child to enter or leave without an adult escort (18 years or older.) Additions or changes to this list must be made in writing. Must be in metro Atlanta area.

EMERGENCY

1. Name _____ Relationship _____

Address _____

Phone Number(s) _____

2. Name _____ Relationship _____

Address _____

Phone Number(s) _____

RELEASE AUTHORIZATION

1. Name _____ Relationship _____

Address _____

Phone Number(s) _____

2. Name _____ Relationship _____

Address _____

Phone Number(s) _____

PREVIOUS SCHOOLS

Please list all previous school(s) attended. All records *must* be received prior to admission.

School Name	Dates of attendance	Reason for leaving
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School Name	Dates of attendance	Reason for leaving
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School Name	Dates of attendance	Reason for leaving
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SIBLINGS

Please list the name(s) of all siblings and any schools attended (preschool – college)

Sibling Name & Age	School Attended	Dates of Attendance	Reason for leaving
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Sibling Name & Age	School Attended	Dates of Attendance	Reason for leaving
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Sibling Name & Age	School Attended	Dates of Attendance	Reason for leaving
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FINANCIAL AND PROCEDURAL AGREEMENT

FEES AND TUITION

An initial registration fee of one hundred twenty-five dollars (\$125.00) shall be paid for each child at the time of enrollment, renewed each year thereafter. The annual registration fee of one hundred dollars (\$100.00) shall be due and payable upon registration or by the first Monday in September, whichever occurs first. All fees are non-refundable. No bills or invoices are sent

A fee of fifteen dollars (\$15.00) or one dollar (\$1.00) per minute, whichever is greater, will be assessed for each child not picked up at the end of the school program.

An additional fee of forty-five (\$45.00) dollars shall be paid daily for each Before/After School child during public school closings (in addition to the regular weekly tuition), not to exceed the full-time Summer Camp rate.

SIBLING DISCOUNTS

Family is important to McGinnis Woods Country Day School. We offer a generous sibling discount which is given automatically to all families. The discounts are as follow:

- 1st sibling enrolled 5%
- 2nd sibling enrolled 10%
- 3rd sibling enrolled 15%
- 4th sibling enrolled 20%

SECURITY KEY DEPOSIT

McGinnis Woods is equipped with a controlled access security system to limit unauthorized entry of visitors without the knowledge and permission of the administration. Each family shall be issued one security key. Additional keys are available for a refundable deposit of \$35.00 for each key issued. Each parent or other regularly designated pick up person is required to have a key.

LATE CHARGES AND PENALTIES

Monthly tuition is due by the first of every month. Invoices are not sent. Weekly After School tuition is due in advance on Monday morning of each week. A late charge of twenty five (\$25.00) dollars shall be automatically added when a balance is carried forward. If an account becomes delinquent (over one week past due without receipt of payment) there will be an additional weekly service charge of five percent (5%) of the past due balance added automatically. In the event arrangements to make payment are not made, McGinnis Woods may, at its discretion, dismiss the child and the parent shall remain responsible for the balance due and any expenses incurred by McGinnis Woods in the pursuit of payment.

ABSENCES AND VACATIONS

Tuitions and other fees must be paid in full without deduction for absences of any duration or for any cause, and without substitution of any other days of attendance as “make-up” days. This is because staffing and other operational costs are incurred on the basis of fixed levels of enrollment, and few of these costs are eliminated when the student is temporarily absent. Notice of planned absence and payment is due prior to absence.

If paying weekly: when a child is absent for a full week (Monday through Friday consecutively), an exception will apply providing the procedure is followed as described:

- A. Planned Absence/Vacation: The parent shall give written notification to the Management in advance of the child’s planned absence or vacation. In addition, an advanced payment equal to one-half (1/2) of the regular tuition shall accompany such notification. If either advance notice or advanced payment is not received, the full tuition and applicable charges will be due.**
- B. Illness: In most situations, the parent will not be able to give Management advance notice of their child’s illness, therefore credit will be given the week following the extended illness. The Monday following the absence, the parent’s account will be credited one-half (1/2) of the regular tuition for that current week. In order for the parent to receive this credit, the full tuition must be paid, on time, the week the child is absent.**

This exception to the policy concerning “Absences and Vacations” shall be limited to four (4) weeks during each calendar year.

There are no absence credits if paying monthly.

ADMISSIONS

Initial and continued enrollment will be at the discretion of McGinnis Woods based upon the best interests of the child, the expectation that he/she will benefit from the program, and the health, safety and general welfare of the child and the other enrolled children. Enrollment shall be for children six weeks through thirteen years of age without regard to race, creed, sex, or national origin.

CURRENT INFORMATION

The parent is required by state law to update information on the enrollment application as necessary. Please remember when any of your phone numbers or your address change, updates must be made immediately in writing. Information update forms are available.

PERMISSION

We hereby grant McGinnis Woods permission for this child to:

- A. Take part in all program activities, including the use of indoor and outdoor equipment;**
- B. Be photographed or videotaped in connection with the daily program activities; these may be posted on the school web site, printed materials and/or yearbook;**

- C. Leave the premises of McGinnis Woods to take part in planned field trips supervised by McGinnis Woods staff. Parents are encouraged to participate in all field trips;
- D. Participate in water-related activities supervised by McGinnis Woods staff;
- E. Be listed in the McGinnis Woods School Directory

PARENT HANDBOOK

Each parent is responsible for reading the McGinnis Woods Parent Handbook. Signature on this application acknowledges receipt of, understanding of, and adherence to all policies stated in the Parent Handbook and any addendum (which may be in the form of a memo.)

WITHDRAWAL

The parent agrees to furnish McGinnis Woods with at least thirty (30) days advance written notice of such date of withdrawal. However, the parent/guardian is still obligated to pay the tuition/charges per the tuition contract for the full academic year.

GENERAL AND FINANCIAL ACKNOWLEDGMENTS

To the best of our knowledge the information contained in this application is true and accurate. The administration may verify any part of this application material. If any part of this application is inaccurate, or the provisions not upheld, the student is subject to dismissal from the school. The applicant desires to be a student at McGinnis Woods Country Day School.

We have specifically reviewed each of the provisions of this application and Parent Handbook and hereby agree to comply with all provisions hereof.

As parents/guardians of the applicant, we attest that the information herein is true and accurate to the best of our knowledge. If the applicant is accepted to McGinnis Woods, we grant the school officials the permission to secure medical attention as needed in case of emergency.

_____ Please check if you would like a receipt after each payment

Please check ONE of the following:

_____ Full-time

_____ Part-time (Monday, Wednesday, Friday)

_____ Part-time (Tuesday, Thursday)

_____ I have completed and returned the appropriate transportation agreement and emergency medical information forms for my child(ren).

To ensure the safety of the students, I will call or email the school at elementaryschool@mcginniswoods.org by 12pm noon if my child will not be attending McGinnis Woods for the day. Failure to do so will result in a twenty-five dollar (\$25) fee.

Parent Signature

Date

Parent Signature

Date

Any additional information:
