



**McGinnis Woods**  
**Country Day School**

**APPLICATION FOR PRESCHOOL ADMISSION**

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

Child's Full Legal Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ SS# \_\_\_\_\_

Subdivision \_\_\_\_\_ County \_\_\_\_\_

**ADMISSION REQUEST**

Applying for: Class \_\_\_\_\_ Preferred Start Date \_\_\_\_\_

**STUDENT BIOGRAPHICAL INFORMATION**

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Citizenship \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

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 \_\_\_\_\_

**PARENTS / GUARDIANS**

<b>Father:</b> ____ Mr.    ____ Dr. <b>Name</b> _____	<b>Mother:</b> ____ Mrs.    ____ Dr.    ____ Ms. <b>Name</b> _____
<b>Occupation</b> _____	<b>Occupation</b> _____
<b>Title</b> _____	<b>Title</b> _____
<b>Employer</b> _____	<b>Employer</b> _____
<b>Address</b> _____	<b>Address</b> _____
<b>City, State, Zip</b> _____	<b>City, State, Zip</b> _____
<b>Work number(s)</b> _____	<b>Work number(s)</b> _____
<b>Cell Number(s)</b> _____	<b>Cell Number(s)</b> _____
<b>Work Hours</b> _____	<b>Work Hours</b> _____
<b>E-mail address</b> _____	<b>E-mail address</b> _____

**Address (if different from applicant's)** \_\_\_\_\_

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**Parents:**  
\_\_\_\_ Married    \_\_\_\_ Divorced    \_\_\_\_ Separated

**Describe the general health of 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:**

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

**HEALTH INFORMATION**

**Physician** \_\_\_\_\_

**Practice** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Brief Health History** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Social/Emotional Concerns** \_\_\_\_\_

\_\_\_\_\_

**Please describe any complications during pregnancy, labor or delivery** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALLERGIES**

**List all allergies or sensitivities to drug, food, etc. and any 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 into the office with the completed medication form in order to administer.

List all medications currently being taken on a regular basis:

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

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(For Asthma or RAD requiring medication to be kept at school. An asthma action plan must be completed).

List any known triggers for your child's Asthma: \_\_\_\_\_

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List any signs and symptoms of your child's asthma episodes: \_\_\_\_\_

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How often has your child needed urgent care from a doctor for an attack of asthma?  
In the past 12 months? \_\_\_\_\_ in the past 3 months? \_\_\_\_\_

### FOOD AND DIET

Please omit the following from diet due to food intolerance or religious food preferences:

beef  pork  fish  chicken  all meat (vegetarian)  
(no pork entrees are served at lunch. Corn dogs, beanie weenie, etc are made with turkey)

Will send food.

Substitute a cheese sandwich.

PreK3 & up: Is your child potty-trained?  Yes  No

If no, please list any potty training concerns you may have \_\_\_\_\_

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**This page must be filled out in its entirety.**

**EMERGENCY AND RELEASE INFORMATION**

Other persons 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.

**EMERGENCY**

(must live nearby and be available to call)

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to parent(s) or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Cell Number \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to parent(s) or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Cell Number \_\_\_\_\_

**RELEASE AUTHORIZATION**

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to parent(s) or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Cell Number \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to parent(s) or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Cell Number \_\_\_\_\_

## GRANDPARENTS

### MATERNAL

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Email address \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PATERNAL

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Email address \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## PREVIOUS SCHOOLS

Please list all previous schools attended. All records *must* be received prior to admission.

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<b>School Name</b>	<b>Dates of Attendance</b>	<b>Reason for Leaving</b>
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<b>School Name</b>	<b>Dates of Attendance</b>	<b>Reason for Leaving</b>
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<b>School Name</b>	<b>Dates of Attendance</b>	<b>Reason for Leaving</b>
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## SIBLINGS

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

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<b>Sibling Name</b>	<b>School Attended</b>	<b>Dates of Attendance</b>	<b>Reason for leaving</b>
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<b>Sibling Name</b>	<b>School Attended</b>	<b>Dates of Attendance</b>	<b>Reason for leaving</b>
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<b>Sibling Name</b>	<b>School Attended</b>	<b>Dates of Attendance</b>	<b>Reason for leaving</b>
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## **FINANCIAL AND PROCEDURAL AGREEMENT**

### **FEES AND TUITION**

An initial registration fee of one hundred twenty five dollars (\$125.00) a technology fee of seventy five dollars (\$75.00) and a Parent Association/Activity Fee of fifty dollars (\$50.00) shall be paid for each child at the time of enrollment. The annual registration fee of one hundred dollars (\$100.00) shall be due and payable by the first Monday in September. The fifty dollar (\$50.00) annual Parent Association/Activity Fee billed on behalf of the Parent Association shall also be due and payable by the first Monday in September. 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.

### **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. Weekly 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 service charge of (18%) annum of the past due balance. 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. Vacation policy applies to weekly tuition only. In the event legal action is necessary to collect a balance due, the parent is responsible for payment of attorney's fees in the amount of 20% of the outstanding balance.

### **RETURNED CHECKS**

If the bank returns a check unpaid, or if a Tuition Express payment is returned or declined, a service charge of Thirty Five Dollars (\$35.00) will be assessed and payable immediately upon notification.

### **WITHDRAWAL**

The obligation for full payment of tuition and other fees will continue until the date indicated by the parent as the date of withdrawal on the proper Withdrawal Notice Form available at the front office. The parent agrees to furnish McGINNIS WOODS with at least thirty (30) days advance written notice of such date of withdrawal. If the parent fails to provide written notice, the parent remains responsible for the full tuition for the thirty (30) days after the child's last day of attendance, plus any late charges or penalties which shall accrue until full payment is received.



### 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, but the health, safety and general welfare of the child and other enrolled Children must also be considered. Enrollment shall be for children six weeks through twelve 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 and given to the front desk to make changes.

### 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 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;
- 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.)

### 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 withdrawal 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 above 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

I would like to pay: \_\_\_\_\_ monthly \_\_\_\_\_ weekly

Please check ONE of the following:

\_\_\_\_\_ Full time Monday – Friday

\_\_\_\_\_ Monday – Friday Half Days (PreK3 & older ONLY)

\_\_\_\_\_ Part Time Monday, Wednesday & Friday

\_\_\_\_\_ Part Time Tuesday & Thursday

I plan on my child attending McGinnis Woods through \_\_\_\_\_ grade. (up to 8<sup>th</sup> grade)

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Parent Signature

Date

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Parent Signature

Date

### SPECIAL NEEDS CHILDREN

McGinnis Woods does not exclude children with special needs if we can provide a safe environment.

Please ask for a Special Care Plan form if your child is applicable for one.

# Special Care Plan

(Please fill out this form for special needs children only. If applicable.)

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Times and days in child care: \_\_\_\_\_

1. Describe the child's special need during group care: \_\_\_\_\_  
\_\_\_\_\_

2. Child's present functional level and skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What emergency or unusual episode might arise while the child is in care? How should the situation be handled? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Prepare and maintain information on the "Emergency Form for Children with Special Needs" available from the American Academy of Pediatrics, [www.aap.org](http://www.aap.org))

4. Accommodation which the facility must provide for this child: \_\_\_\_\_  
\_\_\_\_\_

a) Are there particular instructions for sleeping, toileting, diapering, or feeding? \_\_\_\_\_  
\_\_\_\_\_

b) Will the child require medication while in care? If so, attach the physician's instructions for use of the child's medication. \_\_\_\_\_  
\_\_\_\_\_

c) Are special emergency and/or medical procedures required? If so, what procedures are required? \_\_\_\_\_  
\_\_\_\_\_

d) What special training, if any, must staff have to provide that care? \_\_\_\_\_  
\_\_\_\_\_

e) Are special materials/equipment needed? \_\_\_\_\_  
\_\_\_\_\_

5. Other specialists working with the child (e.g., occupational therapist, physical therapist)  
\_\_\_\_\_

Primary Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Usually the doctor in charge)

Address: \_\_\_\_\_

On-site child care facility case manager: \_\_\_\_\_

Phone: \_\_\_\_\_