



McGinnis Woods
Country Day School

**APPLICATION FOR
AFTER SCHOOL**

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

2021-2022

Child's Full Legal Name _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

Home Phone _____

Subdivision _____ **County** _____

Public School _____

ADMISSION REQUEST

Current 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

Parent:

Parent:

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 _____

Child's Health Insurance

Name of Insurance Plan _____ **ID#** _____

Subscriber's Name (on insurance card) _____

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

Does your child have allergies? No Yes

List all allergies or sensitivities to drug, food, etc. and reaction. *All food allergies require written documentation from a physician.*

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

Child's Name: _____

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

(For Asthma or RAD requiring medication to be kept at school, an asthma action plan is required.)

List any known triggers for your child's asthma: _____

How often has your child needed urgent care from a doctor for an asthma attack?

In the past 12 months: _____ **in the past 3 months?** _____

EMERGENCY AND RELEASE INFORMATION

Other persons in addition to parents to whom McGinnis Woods is authorized to release this child to 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. Additions or changes to this list must be made in writing. All persons must reside in the metro Atlanta area.

1. Name _____ Relationship _____

Address _____

Phone Number(s) _____

Emergency Contact

Authorized to pick up

2. Name _____ Relationship _____

Address _____

Phone Number(s) _____

Emergency Contact

Authorized to pick up

3. Name _____ Relationship _____

Address _____

Phone Number(s) _____

Emergency Contact

Authorized to pick up

FINANCIAL AND PROCEDURAL AGREEMENT

FEES AND TUITION

An initial registration fee of one hundred twenty-five dollars (\$150.00) shall be paid for each child at the time of initial registration. The annual registration fee of one hundred dollars (\$125.00) shall be due and payable upon re-enrollment.

Tuition for After School is \$415.00/monthly.

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 on or before the first day of every month. Invoices are not sent. 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 monthly service charge of eighteen percent (18%) 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.

WITHDRAWAL

The parent agrees to furnish McGinnis Woods with at least thirty (30) days advance written notice of such date of withdrawal.

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 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;

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.

Parent Signature Date

Parent Signature Date

Any additional information:
