



# EXPLORERS MONTESSORI COASTAL COOPERATIVE, INC.

51 Wilmington Island Rd. | Savannah, GA 31410 | [info@explorersmontessori.org](mailto:info@explorersmontessori.org)

## ENROLLMENT FORM

### To Enroll:

Fill out these forms and return them, along with a refundable \$100 registration fee to:  
Explorers Montessori Coastal Cooperative, 51 Wilmington Island Rd, Savannah, GA 31410  
or email the completed forms to [info@explorersmontessori.org](mailto:info@explorersmontessori.org)

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

Gender \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Please select the desired program:    Infant Community☒    Primary☒

(All children must be potty trained for Primary enrollment. Infant Community Enrollment requires willingness to start potty-training. Full disclosure is required to admit students with special needs.)

Enrollment is for ten (10) months, August 2nd – May 26th.

I (we) have read, agree, understood and will fully comply with Explorers Montessori Coastal Cooperative, Inc. (EMCC) in routine matters including policies, procedures, rules, and regulations as outlined in the Member Handbook.

*(Please initial each item listed below)*

Member Agreement	_____
Parent Volunteer Commitment	_____
Allergy Policy	_____
Permission/Release Form	_____

*Explorers Montessori Coastal Cooperative, Inc. (EMCC) does not discriminate based on religion, race, color, sexual orientation, national origin, ethnic origin, sex, disability, family, marital or financial status, height or weight. All students and families will be given the same rights, privileges, availability to programs and activities generally accorded to or made available at the school. As long as it is within our guidelines, EMC2 will do what is within our power to meet the needs of all employees and families.*

## Parent Contact Information

**Father's Name** \_\_\_\_\_

Father's Address *(if different than child's)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Mother's Address *(if different than child's)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Child's Living Arrangements: *(check one)*     Both Parents     Mother     Father     Other

Child's Legal Guardian(s): *(check one)*     Both Parents     Mother     Father     Other

The child may be released to the person(s) signing this agreement or to the following:

**Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

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

Other identifying information (if any) \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

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

Other identifying information (if any) \_\_\_\_\_

Persons to Contact in the case of emergency when parent or guardian cannot be reached:

**Name** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Name** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Name** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Parent signature(s): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

## Emergency Treatment Permission

I give Explorers Montessori Coastal Cooperative permission to provide EMERGENCY treatment for my child should it be deemed necessary. I understand that in case of an emergency, my child will be taken to a local hospital. Explorers Montessori Coastal Cooperative will begin immediate attempts to contact parents/guardian while child is in transport.

Parent signature(s): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

**WE CANNOT HAVE YOUR CHILD TREATED IN CASE OF AN EMERGENCY  
WITHOUT YOUR EXPLICIT PERMISSION!**

Child's Doctor/Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

# Allergy Questionnaire

The purpose of this questionnaire is to gather information about potentially severe and/or life-threatening allergies that your child may have. This information will help provide appropriate care while your child is at school.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Does your child have a known or suspected food-allergy?  Yes  No

If yes, please check ALL foods that apply.

- Peanuts (includes peanut butter and peanut oils)
- Tree Nuts (walnuts, almonds, pecans, cashews, etc)
- Soy       Wheat       Eggs       Milk or Dairy
- Fish       Shellfish       Animals( please specify)

List any others: \_\_\_\_\_

2. Could your child's allergy be life-threatening?  Yes  No

Please indicate past symptoms of your child's food allergy.

- Tingling/swelling of lips, tongue, mouth       Itching       Hives
- Swelling of face or extremities       Diarrhea       Vomiting
- Tightening/swelling of throat       Cough       Cramps
- Weakness       Wheezing       Fainting
- Other – Please explain \_\_\_\_\_

3. Has your child ever been treated by a health care provider for an allergic reaction?  Yes  No

4. Does your child require medication for an allergic reaction?  Yes  No

If yes, please list \_\_\_\_\_

If your child requires an Epi-pen (emergency dose of epinephrine), do you have a current prescription to provide to the school to be kept in case of an allergic reaction?  Yes  No

5. Is your child on any prescription medication(s)?  Yes  No

If yes, please list the medications below:

Medications: \_\_\_\_\_

Reason: \_\_\_\_\_

I give permission for any employee of the school to have my child's medical information.

Parent signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

Contact Phone number: \_\_\_\_\_

## **Member Agreement**

Parent cooperatives are democratically controlled, parent-governed, non-profit, enrichment programs organized to meet the needs of members. In a parent cooperative, each family with children enrolled in the program is a member of the cooperative. Families are considered to be members from August 1 of the current school year to July 31 of the following year. On issues that require a membership vote, each family will have one vote. Membership responsibilities include timely payment of tuition, attendance at quarterly parent meetings, periodic voting, and participating in the operation of the school. Parents are not required to serve as the classroom aide on a daily basis, although classroom volunteering is allowed and encouraged at the discretion of the teacher.

### **2022-2023 Primary Tuition rates:**

Full-time, 5 days per week (8:00 am – 4:00 pm)

Half day, 5 days per week (8:00 am – 1pm)

Tuition: \$850 per month

### **2022-2023 Infant Community Tuition rates:**

Full-time, 5 days per week (7:30 am – 3:30 pm)

Tuition: \$1000 per month

Tuition is paid for the full academic year, and paid at the start of the month. Tuition is due on the first day of each month, beginning August 1. Tuition is due whether or not the student attends school. The monthly tuition is not excused or prorated for absences, vacations, or sick leave. Due to the necessity of maintaining appropriate student-teacher ratios, missed days may not be made up.

### **Fees:**

\$100 registration fee\* (due with this form)

\$200 materials fee (due every fall or upon enrollment)

\*If your application for enrollment is not accepted, your \$100 registration fee will be returned.

### **Classroom Schedule:**

Primary Casa Operating Hours: Daily 8:00am - 4pm

Drop-off starts at 8:00 am so that students are able to settle into their work by 8:15 am

Infant Community Operating Hours: Daily 7:30am - 3:30pm

Drop-off starts at 7:30 am so that students are able to settle into their work by 7:45 am

(\*note: if there is enough need for before school / after school care, the Cooperative will work to accommodate this need).

Holidays: We will follow Chatham County Schools' holiday schedule for most closures

### **Late Payment Penalty:**

If a tuition payment is received after the 5th of each month, a late payment fine of \$25 will be added to the next month's bill.

**Withdrawal:**

Because the school is small and depends on the financial support of each student, 30 days notice is required before withdrawing a student. The thirty days begins on the day you provide written notice to the Board. Any tuition or other fees due during the 30 day notice period must be paid. The 30 day notice allows the school to remain financially viable while a replacement student is found.

**Family Participation:**

The cooperative operates by parent members sharing the administrative load and decision-making. Parents of a cooperative are more involved in the operation of the school than a typical school, therefore we require;

- A minimum of 30 hours of service to the school over the course of the school year
- Service hours can be earned by serving on a committee, organizing/working at fundraisers, assisting with administrative duties, purchasing classroom supplies, etc.
- More details on family participation will be given in the EMC2 Member Handbook

Parent signature(s): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

# EMCC Member Handbook

## Our Mission

EMCC establishes the foundation for life-long learning by providing a positive, supportive, and thoughtfully prepared environment that cultivates an understanding and appreciation of the world beyond the classroom.

## Cooperative Membership

EMCC is a parent cooperative Montessori school. We are a parent-governed, non-profit, partnership among the child, teaching staff, and parents to create an enrichment program to develop the process of learning in young children using the AMI Montessori curriculum, staying as true as possible to the philosophies developed by Maria Montessori. Families are considered to be members of the cooperative from August 1 of the current school year to July 31 of the following year. The cooperative is guided by a Board of Directors, who are current cooperative members. On issues that require a membership vote, each family will have one vote. Membership responsibilities include timely payment of tuition, attendance at quarterly parent meetings, periodic voting, and meeting minimum service requirements to the cooperative.

Our tuition rates are necessary and primarily used for our head directress's salary, as well as for Montessori learning materials, liability insurance, and maintain our classroom supplies. We are housed in Lutheran Church of the Redeemer, which also helps to keep our costs low, paying a small rent to cover utilities and increased expenses that the church has housing our school.

## Parent Participation Requirements

To help keep our tuition rates low, we require each family to meet minimum service requirements to the cooperative (at least 30 hours). There are many benefits to maintaining a small, close-knit cooperative family. However, since it is small, the total number of families contributing is also small. As needs arise, it is up to the cooperative members to meet those needs to ensure the lasting quality of our school. The following are examples of service to the cooperative.

- A. Classroom Aide – A very limited number of members may be asked to serve as classroom aides. Selection of classroom aides is at the discretion of the lead directress and the board. If you are interested in serving as a classroom aide, you will be assigned to specific days of the week. The directress will provide training and a list of duties to all who will serve as classroom aides before the beginning of the school year. On days that you are assigned as a classroom aide, please arrive no later than 8:30 am and plan to stay 30 minutes beyond closing to assist with daily clean up.
  - a. General conduct – Your job as a classroom aide is to assist the teacher and interact with the students as instructed by the teacher. Please wear appropriate clothing to this task and refrain from cell phone use except in emergency situations.
  - b. You may be asked to provide proper documentation, including a background check in order to work in the classroom.
  - c. Redress of conflict – Of course our hope is that conflict between a parent and the teacher never occur, we understand that it may. The procedure for disagreement is as follows:
    - i. Teacher and parent in conflict should address the issue directly with each other first and attempt to resolve the problem.
    - ii. If direct address does not work, the teacher and/or the parent should notify the Board President of the conflict who will serve as a mediator in the conflict to bring the situation to a resolution. The Board President reserves the right to resolve the issue in any feasible way, possibly including removal of the parent from the classroom.



- iii. Emergency clause – If a parent or the teacher is accused of endangering or abusing a child in any way, the issue must be taken immediately to the Board President and action will be taken to remove the offender from the classroom, and may result in a family’s expulsion from the cooperative.
- B. Administrative service: administrative service includes working in roles that would traditionally be hired personnel, raising total operating expenses. Examples of administrative roles include:
- a. serving on the Board of Directors
  - b. website coordinator
  - c. fundraising coordinator
  - d. facilities maintenance
- C. Other parent service – 30 Hour requirement
- a. Each family is required to log 30 hours of service to the cooperative for the year. Participation requested between the last day of school and August 1 may be applied to the requirement for the upcoming school year (with staff approval), but completed hours may not otherwise be carried over from year to year
  - b. What counts as an hour? Each actual hour spent on a project, or, each \$20 spent on supplies counts as an hour of participation.
  - c. Submitting hours – Please track hours in the Volunteer Binder at the school. If you are claiming time in exchange for a purchase, please include receipts with the form.
  - d. Calculating hours – Actual time spent: Each parent may record and submit how long was actually spent on a project. Time spent plus materials: If a parent completes a project that also involves buying materials, the total time will be how much time the parent spent on the project plus the cost of materials. For example, if a parent spent two hours sewing curtains for the classroom, and spent \$20 on materials for the curtains, the total hours credited to the parent would be three.
  - e. Examples of ways to earn hours:
    - i. fundraising, grant-writing, graphic design, technology assistance, website maintenance, etc
    - ii. Classroom maintenance, including outdoor space, updates to the playground, building projects (e.g. garden, classroom shelving, etc).
    - iii. Purchasing classroom supplies off the Classroom Wish List (provided by the teacher)
  - f. Fundraisers – Because EMC2 is a non-profit organization, and we want to keep our tuition reasonable, all of our expenses cannot be covered by tuition payments alone, especially in the first 3 years of operation as we are building our collection of Montessori materials. We rely on fundraising for the purchase of the Montessori equipment, scholarships, etc. Therefore, all member families are expected to participate in all fundraisers. Participation may include planning events, attending events, and promoting on-going fundraisers.

**Parent Volunteer Commitment Form**

I/We understand that as a parent(s) and member of Explorers Montessori Coastal cooperative, I/We are committed to performing at least 30 hours of service to the school during the 2022 - 2023 school year.

\_\_\_\_\_ Hours may be submitted to Ms. Tandy or entered in the volunteer binder

\_\_\_\_\_ Ideas for service hours: Organizing a fundraiser, participating at a fundraiser, running an information booth, being a spokesperson at an open house, maintaining the website, maintaining the Facebook page, creating requested learning materials for the classroom, building project, planning a school social event, etc... More details about potential jobs will be provided throughout the year.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Parent Interest Survey**

Please list any special talents or skills you might have that you'd be willing to share with the classroom (For Example – musical talent, crafting or artistic talent, cooking, woodworking, gardening, building projects, etc...)

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## Permission/Release Form

Student's Name: \_\_\_\_\_

### Sunscreen Application Permission

I give Explorers Montessori Coastal Cooperative staff permission to apply sunscreen of SPF 15+, that I will provide, to my child's face, arms, and legs.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Photo/Film/Audio/Website Release

I release any claim towards Explorers Montessori Coastal Cooperative concerning the use of any film, photograph, or audio recording, which contains or may contain my child's image or voice. Explorers Montessori Coastal Cooperative has explicit permission to use any such film, photo or audio recordings as they see fit for the purpose of historical record, marketing, website or classroom use without limitation or compensation.

\_\_\_\_\_ I do give permission \_\_\_\_\_ I do NOT give permission

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Immunization Notice

Please be advised children in Georgia are required to be vaccinated against certain diseases, or file the necessary exemption paperwork. Please submit a copy of your child's immunization record or exemption affidavit to be kept on file before beginning school. A 15 day notice will be given to parents whose children have not met the requirements.

Please sign indicating that you have read and understand the above notice.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_