

Signature Page

NC requires that we have a physical signature as part of your child's application.

Please Initial

_____ I have completed the digital application and agree to fulfill the requests
(P1) for medical, immunization records, and medical care plan, if needed.

_____ (P2)

_____ I agree that the staff of Asheville Montessori School may authorize the
(P1) physician of his/her choice to provide emergency care in the event that
neither I nor the family physician and/or dentist can be contacted
(P2) immediately. Unless otherwise noted, we will assume that Mission ER
is your urgent care preference.

_____ I have read, understood, and have had the opportunity to discuss with
(P1) the Director the NC Child Care Laws & Rules, the NC Standard Policy
on Discipline and Behavior Management, the AMS Code of Conduct,
(P2) the AMS Release Plan for Children, the NC Shaken Baby Syndrome/
Abusive Head Trauma Policy, and the AMS Parent Handbook.

Please sign below. (If both parents are living in separate households and have joint custody, both parents must submit 1) a signature page and 2) an authorized pick-up list.)

Student's Name: _____
(First) (Last)

Parent 1's Name: _____

Parent 1's Signature: _____

Date: _____

Parent 2's Name: _____

Parent 2's Signature: _____

Date: _____

First day of attendance: _____