



Faith Academy of Montessori

44 N Gore Webster Groves, Missouri 63119

p: (314) 961-1411 e: debbie@faithacademyofmontessori.org

Community Agreement

Please read and initial beside each agreement:

- 1.) Commit to speaking to your children about COVID-19 in an age appropriate manner. _____
- 2.) Teach and promote the importance of consistent and thorough hand washing. _____
- 3.) Avoid activities or gatherings where others are not vaccinated and not wearing masks. _____
- 4.) Committing to *always* wearing a mask in a public setting when you do not know the vaccination status of others present _____
- 5.) Wearing masks when inviting guests into your home who may not be vaccinated. _____
- 6.) Limit your family's exposure to large gatherings whenever possible. _____
- 7.) Refrain from going to restaurants where servers and other staff are not required to wear masks. _____
- 8.) Keep up to date with Immunizations and doctor visits to promote healthy habits. Faith Academy is strongly advising that our students receive the flu vaccine as soon as possible. _____
- 9.) Do not bring your children to school with any COVID-19 symptoms without contacting us first so we may make a safe decision about their attendance. _____
- 10.) Do not bring your child to school if they have had any possible exposure to someone with COVID-19.
- 11.) Please be aware of your child's overall condition prior to coming to school each day. _____
- 12.) Keep us informed of any information you feel will assist us in keeping our community safe. _____
- 13.) Please be willing to accommodate changes to our protocols as the need arises. _____
- 14.) Should quarantine be deemed necessary by Faith Academy, tuition remission will not be given. _____

Community Travel Guidelines

Keep in mind that any travel, be it domestic or international, poses a high risk of possible exposure to COVID-19. It is possible that you may feel well and not have any symptoms, but could potentially be contagious without symptoms. If your family travels, you could pose a risk to other families, friends, and our school community.

General Travel Guidelines

When you and your family travel outside of the St. Louis area, please inform Faith Academy of your travel plans before you leave, and check with us after you arrive home. These details need to be discussed with Mrs. Winter **prior to** your child returning to school.

Air Travel Guideline

The risks of exposure in air travel have been high due to the extended time in lines and airport terminals, which can bring you in close contact with other people. Therefore, Faith Academy reserves the right to require a period of self quarantine for your family, as well as a negative Covid-19 immediately prior to coming back to school in the event of said travel. These details need to be discussed with Mrs. Winter your child returning to school.

Faith Academy of Montessori asks for the cooperation of all members of our school community to continually practice the agreements stated above in order to retain our safe space for learning. We ask that you judge each situation carefully in order to make a decision in the best interest for our community as a whole.

When you send your child to Faith Academy of Montessori, you agree to follow these guidelines to keep our community safe and healthy and to minimize possible exposure.

I agree to the above Community Agreements as listed:

Child's/Children's Name(s): _____

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Date: _____



Camp Run-A-Muk

AT FAITH ACADEMY

Summer Registration Form

Date: _____

Name: _____ Preferred Name: _____
(Last) (First) (Middle)

Gender: _____ Birthdate: _____ Age: _____

Home Address: _____ Phone: _____

Days Requested: ___ M ___ Tu ___ W ___ Th ___ F

Extended Care: ___ 7:30-8:30 a.m. ___ 3:30-4:30 p.m. ___ 4:30-5:30 p.m.

Please include an updated application, your child's most recent physical and immunization records and \$200 deposit.

By filling and signing this form you are agreeing to the number of days your child will attend. If you need to change any information about scheduling you must notify admin@faithacademyofmontessori.org no later than APRIL 1ST, 2022

Signature: _____



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2022-2023 Academic Year

AT FAITH ACADEMY OF MONTESSORI

Academic Registration Form

Date: _____

Name: _____ Preferred Name: _____
(Last) (First) (Middle)

Gender: _____ Birthdate: _____ Age: _____

Home Address: _____ Phone: _____

Days Requested: ___M ___Tu ___ W ___ Th ___ F

Extended Care: ___ 7:30-8:30 a.m. ___ 3:30-4:30 p.m. ___ 4:30-5:30 p.m.

Please include your child's most recent physical and immunization records, and a \$200 deposit.

By filling and signing this form you are agreeing to the number of days your child will attend. If you need to change any information about scheduling you must notify admin@faithacademyofmontessori.org no later than APRIL 1ST, 2022

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Application for Admission



Date: _____

Name: _____
(First) (Middle) (Last)

Gender: _____ Birth Date: _____ Age: _____

Home Address: _____

Home Phone: _____

Days Requested: M Tu W Th F (circle) Extended Care? No Yes Until? _____

Parent/Guardian:	Parent/Guardian:
Occupation:	Occupation:
Business:	Business:
Business Address (Address/Zip Code):	Business Address (Address/Zip Code):
Business Phone:	Business Phone:
Business Hours:	Business Hours:
Cell Phone:	Cell Phone:
Email:	Email:

Why are you interested in a Montessori education for your child/children?

Emergency Contacts

If not available in emergency, notify:

1. Name _____ Phone: _____
Relationship: _____ Address: _____
2. Name _____ Phone: _____
Relationship: _____ Address: _____

Who other than the parent/guardian is authorized to pick up your child?

1. Name: _____ Relationship: _____

2 Name: _____ Relationship: _____

3. Name: _____ Relationship: _____

Authorization for Emergency Medical Care

It is my understanding that I will be notified at once in case of accident or illness to my child, and that I will make arrangements for medical care of my child with the physician or hospital of my choice. However, if I cannot be reached to make the necessary arrangements, or in critical emergency requiring medical care, I hereby authorize Faith Academy of Montessori to contact:

Doctor/Clinic _____ Phone: _____

Preferred Hospital _____ Phone: _____

Hospital Address: _____

(Address)

(City)

(State)

(Zip Code)

Field Trip Permission

I hereby give permission for my child to attend field trips taken by Faith Academy of Montessori. It is my understanding that the adult/child ratio required by the Missouri Licensing Department will be maintained by the staff during these trips. I also understand that I will be informed in advance of the dates and times of these trips.

Occasionally the school may take walks around the area, and I also give my permission for these walks to be taken without prior notification.

Website/Social Media Permission

Please initial beside one of the choices below:

____ I give permission for my child's photo to be used on Faith Academy of Montessori's website and/or social media.

____ I do not give permission for my child's photo to be used on Faith Academy of Montessori's website and/or social media.

Agreements

A) The director and I have agreed on a plan for continuing communication regarding my child's education, development, behavior, etc.

B) When my child is ill, it is understood and agreed that they will not be accepted into school. If they become ill during the day, I have agreed to arrive promptly to take him/her home.

C) I have been informed of this school's policies pertaining to the admission, education, care, and discharge of children.

D) I understand that if my child is not toilet-learned they will be asked to remain at home until they are. During this period, I understand that I will still be responsible for tuition.

E) I have been informed that a copy of the rules for Child Day Care centers in Missouri is available at the facility for review upon request.

F) I agree to give sixty days written notice when my child leaves Faith Academy of Montessori. I agree to be responsible for tuition during those sixty days.

G) I have the right to request information about the immunization status of the children enrolled at Faith Academy of Montessori.

H) I agree to follow the Covid-19 protocols as outlined in the Faith Academy of Montessori Community Agreements until they are deemed no longer necessary and written notification of such is provided.

Signature: _____ Date: _____

***Please Fill in all the information and do not leave blanks.**