

Signature Page For Julia Street Montessori School

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

Please Initial

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

____(P2)

____(P1) **I agree that the staff of Julia Street Montessori School may authorize the 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 immediately. Unless otherwise noted, we will assume that Mission ER is your urgent care preference.**

____(P2)

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

____(P2)

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: _____