



Meet Us Mondays Packet

Student's Name:

Preferred Name or Nickname: _____

Desired Date of Meet Us Monday:

DOB: _____

Height/Weight: _____

☐ Male ☐ Female (optional)

Place of Birth/Citizenship: _____

Parent/Guardian Information

Parent's Name: _____ Parent's Name: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Business Phone: _____ Business Phone: _____

Home Address: _____ Home Address: _____

City & State: _____ ZIP: _____ City & State: _____ ZIP: _____

Email: _____ Email: _____

Parent's Occupation: _____ Parent's Occupation: _____

Employer: _____ Employer: _____

Areas of interest: _____ Areas of interest: _____

Correspondence preference? (i.e. Mr. and Mrs. John Smith, CPT John and Mrs. Jane Smith, Ms. Jane Smith)

Stepparent's Name: _____ Stepparent's Name: _____

Employer: _____ Employer: _____

Preferred Phone: _____ Preferred Phone: _____

Check as applicable: ☐ Lives w/ Both Parents ☐ Lives w/ Mother ☐ Lives w/ Father

☐ Lives w/ Mothers ☐ Lives w/ Fathers ☐ Lives w/Grandparent(s)

☐ Lives w/ Guardian(s) ☐ Parents Divorced ☐ Parents Separated

☐ Mother Deceased ☐ Father Deceased ☐ Mother Remarried

☐ Father Remarried ☐ Other: _____

Medical

Does your child have a serious or chronic illness, allergy, or other medical condition? Yes ☐ No ☐
If Yes, please explain and list any medications and/or rescue medications required.

Does the student have any physical limitations that might interfere with his/her ability to do school work or participate in physical activities? Yes ☐ No ☐ If Yes, please explain:

Does the student have any diagnosed learning difference, attention deficit hyperactivity disorder (ADHD), attention deficit disorder (ADD), autism spectrum disorder (ASD), sensory processing disorder (SPD) or behavioral concerns? Yes ☐ No ☐ If Yes, please explain:

Is your child currently receiving medication for ADHD, ADD, or any other medical condition?

Yes ☐ No ☐ If Yes, please indicate medication and condition for which it is prescribed:

Name of Child's Doctor: _____

Address: _____ Phone: _____

Hospital Preference: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____

I agree that Independence Montessori Academy may authorize the physician of its choice to provide emergency care in the event that neither I nor the Applicant's Doctor listed above can be contacted immediately.

Signature of Parent

Date

Contact Information

In the event that the student's parents or guardian cannot be reached, the following individuals may be contacted (2 contacts minimum):

Name: _____ Phone: _____

Relationship to Student: _____

Name: _____ Phone: _____

Relationship to Student: _____

In the event that the student's parents or guardian are not available, provide names of persons to whom the applicant may be released (2 contacts minimum):

Name: _____ Phone: _____

Relationship to Student: _____

Name: _____ Phone: _____

Relationship to Student: _____

Name: _____ Phone: _____

Relationship to Student: _____

Please tell us how you learned about The Inde Nature School at Independence Academy:

Google Facebook Yelp Road Sign Friend: _____

Other: _____

What key words were entered in your search? _____

Have you visited our Website? Yes No

Have you visited our Facebook page? Yes No

Meet Us Monday Guidelines

- Please pack snack, lunch and water bottle. All snacks, lunches and water bottles must be labeled with child's first and last name and date.
- Please have your child arrive in weather appropriate clothing. We are outside rain or shine! Water proof boots, warm wool socks, rain suit and jacket with multiple layers are likely appropriate during the winter months. Please pack an extra set of clothes in case your child needs to change.
- This program is open to children 3-9 years old. Must be fully potty trained.
- This Packet is required to be handed in prior to your child's attendance of Meet us Monday. If this packet is not on file, your child will be unable to stay.
- \$25 flat rate for 9am-1pm. One time use. The \$75 Application Fee to enroll in The Inde Nature School program will be waived after Meet us Monday Attendance.

I verify that the information presented in this Meet us Monday Packet for Independence Academy is true and correct to the best of my knowledge. I have also read and understand the hourly care guidelines and agree to abide by them.

Signature of Parent

Date

Independence Academy does not discriminate on the basis of race, color, religion, gender, national origin, or disability.

**All policies can be found in our Student and Parent Handbook at
Independenceacademync.com**

PLEASE INITIAL EACH POLICY AFTER REVIEW.

_____ I have read the Student and Parent Handbook and agree to abide by its policies and procedures without exception.

_____ I have read Independence Academy's Discipline and Behavior Management Policy and agree to abide by its policies and procedures without exception.

_____ I have read the Summary of the North Carolina Child Care Law and Rules.

_____ I have read a copy of Independence Academy's Shaken Baby Syndrome/Abusive Head Trauma Policy.

_____ I have read and understand Independence Academy's No Smoking Policy.

I, _____ of _____ have read and understand
(Parent/Guardian Name) (Name of Child)
all of the above policies. I also understand that if I need to refer to any of these policies, I may refer to independence.com or obtain a hard copy from the office.

PARENT/GUARDIAN SIGNATURE

DATE

"Outside the Fence" Authorization

I, _____ of _____
(Parent/Guardian Name) (Name of Child)

give my permission to Independence Academy to:

_____ allow my child to play outside the fenced area. REQUIRED FOR THE INDE NATURE SCHOOL.

To be completed by the administration

Date Received ____/____/____

Independence Academy agrees to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. Independence Montessori Academy will not administer any drug or any medication without specific instructions from the Applicant's parent, physician, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Authorized Signatory for Independence Academy

Date

IA Photograph Waiver form

Student Name: _____

Independence Academy students, personal information about students (such as birth dates, email addresses, schedules, home addresses and phone numbers) will not be published on any Independence Academy web page under and circumstance.

Student names, photos of students, audio or video recordings of students and student work may be published only on official Independence Academy web pages or Independence Academy approved web services (Facebook, Instagram) with parent permission required below.

Please note that **permission is NOT required** for group photos in which the students are not individually identified.

Disclaimer

I am aware that still photos and video of my child may be taken on the premises of the Independence Academy campus or during any off-site campus sanctioned extra-curricular activity (field trips, events, etc.).

I am aware that still photos and video may be posted to a website/and/or be used in a variety of other printed pieces (brochures, newsletters, flyers, print ads, etc.). The pictures/video will be used for the purpose of illustrating, advertising, and promoting the activities associated with Independence Academy.

Photos and/ or video posted to the Independence Academy's websites are considered the property of Independence Academy and may not be sold or reused without the express consent of the school Director and/or owner.

Parents who have special concerns or requirements regarding photography or videotaping of their children agree to contact Independence Academy's Director in advance of the planned activities to resolve any issues regarding the use of their child's image.

I have read the disclaimer and agree to allow
my child to be photographed.

I have read the disclaimer and do not agree to
allow my child to be photographed.

Parent/Guardian

Signature: _____

Date: _____

ASSUMPTION OF RISK AND RELEASE AND INDEMNITY (WAIVER OF IMPORTANT LEGAL RIGHTS)

I acknowledge, understand, and agree, in consideration of the participation of a minor of whom I am parent or guardian (the "Minor") in educational activities during COVID-19 (including, but not limited to, education and child care) operated by or on behalf of Independence Montessori Academy ("IMA") as hereinafter set forth.

ACKNOWLEDGEMENTS

Viruses and communicable diseases including, without limitation, Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), COVID-19, and any mutation or variation thereof ("COVID-19") are extremely contagious and are believed to spread through person-to-person contact.

COVID-19 involves (a) an incubation period during which carriers may not show any symptom but may be contagious and (b) dangerous risks of illness—including serious illness, bodily injuries, and death—to children and their families.

The Interim Coronavirus Disease 2019 (COVID-19) Guidance for Child Care Settings issued on March 23, 2020 and updated on May 6, 2020 by the North Carolina Department of Health and Human Services states that "communication of COVID-19 can be prevented, for example, by, when feasible, wearing cloth face coverings when in the child care facility, including considering face coverings for children over the age of two if it is determined they can reliably wear, remove, and handle masks following CDC guidelines throughout the day."

IMA believes that attendance at IMA could increase the risk that you or your Minor could contract COVID-19 and anticipates, based on its experience with children, that many children are not likely to reliably wear, remove, and handle masks following CDC guidelines throughout the day.

IMA cannot thus offer any assurance that you or your Minor will not be infected with COVID-19. There are, at any and all times, likely to be participants in educational activities on the Property, and, despite the risks of COVID-19 relating to educational activities, I knowingly and voluntarily (a) choose for my minor to participate in educational activities or other activities at or conducted by IMA and (b) to assume any and all risks related thereto to the maximum extent permitted by law.

AGREEMENTS

I hereby affirm that I have not (a) been diagnosed with, demonstrated any symptoms of or have been, to the best of my knowledge, exposed to COVID-19 and (b) not traveled outside the continental United States within the past fourteen (14) days to countries affected by COVID-19 or traveled within the continental United States by commercial airline, bus or train within the past fourteen (14) days.

I hereby release, waive, and forever discharge IMA and its members, managers, employees and contractors (the "Releasees"), to the maximum extent permitted by law, from any and all claims, demands, actions, and rights of action of whatever kind or nature, in law or in equity, known or unknown, arising from or related to any serious illness, bodily or personal injuries, or death arising from COVID-19 by me or my Minor or others including serious illness, bodily and personal injuries or death arising from or related to, directly or indirectly, exposure to COVID-19 or the negligence of the Releasees or any of them.

I shall not institute or prosecute (or, except to the extent required by law, in any way aid, assist, or cooperate with the institution or prosecution of) any action, suit, hearing or other proceeding of any kind, nature or character at law or in equity against the Releasees or any of them in order to collect, enforce, declare, assert, establish or otherwise raise any defense, claim, cause of action, contract, liability, indebtedness or obligation arising from or related to, directly or indirectly, exposure to COVID-19 or the negligence of the Releasees or any of them.

I am acquainted with appropriate updated health guidelines and other safety practices for the prevention of the spread of COVID-19. It is not the responsibility or obligation of the Releasees or any of them to teach or advise me of appropriate health guidelines or COVID-19 prevention practices.

This Assumption of Risk and Release (this "Agreement") is given on behalf of me and my Minor and his or her executors, heirs, and assigns. If any portion of this Agreement is held to be invalid by any court or tribunal, the remainder hereof shall continue in full force and effect. This Agreement constitutes the entire agreement with respect to the subject matter hereof and supersedes all other prior agreements or undertakings with respect to the subject matter hereof, both written and oral. No amendment, modification or waiver of, or consent with respect to, any provision of this Agreement shall in any event be effective unless the same shall be in writing and signed and delivered by the party against which or whom enforcement is sought. This Agreement shall be interpreted and construed in accordance with the laws of the State of North Carolina. Any and all claims, controversies, and causes of action arising out of or relating to this Agreement shall be governed by the laws of the State of North Carolina without giving effect to any conflict-of-laws rule that would result in the application of the laws of a different jurisdiction. I hereby (a) irrevocably submit and consent to the exclusive jurisdiction and venue of the General Court of Justice of the State of North Carolina for Harnett County and the United States District Court for the Eastern District of North Carolina, as well as all respective appellate courts therefrom, (collectively, the "Courts") over any action, suit or proceeding arising out of or relating to this Agreement, (b) consent to the exercise of personal jurisdiction thereover and venue in the Courts and hereby waive any objection and defense to the exercise of personal jurisdiction or venue. No provision of this Agreement shall be construed, however, to affect the right of any party to enforce a judgment rendered by the Courts in any other jurisdiction.

I ACKNOWLEDGE AND AFFIRM—AND, AS APPLICABLE, FURTHER ACKNOWLEDGE AND AFFIRM THE TERMS OF THE ASSUMPTION OF RISK—THAT I CAREFULLY READ THE CONTENTS OF THIS ASSUMPTION OF RISK AND RELEASE, FULLY UNDERSTAND ITS MEANING, AND SIGN IT VOLUNTARILY.

PARTICIPANT

Print Name

Signature

Date

Date of Birth

**GUARDIAN OR PARENT OF PARTICIPANT
(if participant is a minor)**

Print Name

Signature

Date