Rising Star Montessori Academy
DEBORAH MONTGOMERY, DIRECTOR
440 Lanier Avenue East
Fayetteville, GA 30215
Ph. 770.461.1595
F. 770.629.1634
Office@RisingStarMontessoriSchool.com
RISINGSTARMONTESSORI.COM

Rising to Stardom with Education

ENROLLMENT CHECKLIST

2026-2027 Academic Year

REGISTRATION PACKET ENCLOSED

☐ Application for Enrollment

☐ Tuition Contract and Payment Schedule

☐ Parent Contract

☐ Parental Agreement

☐ Photo Release

☐ Vehicle Emergency Medical Information

☐ Family Handbook Acknowledgement

OTHER REQUIRED ITEMS

☐ Registration Fee – Due within 24 hours of receipt of Procare invoice

☐ GA State 3231 Health Record Form – Due by 8/31/2026
(Immunization Records – Must be obtained from your Pediatrician) OR
Form 2208 (Religious Exemption from Immunization)

☐ School Supplies – Due on Supply Drop-Off Day (8/5/2026)

☐ School Uniforms - JR. & SR. ELEMENTARY ONLY - Beginning 9/1/2026

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APPLICATION FOR ENROLLMENT

2026-2027 Academic Year

APPLICANT INFORMATION

☐ New Student ☐ Returning Student ☐ Montessori Transfer ☐ Sibling Enrolled

Child's Current Age _____ Sex ☐ M ☐ F

Full Legal Name of Child _____
First Middle Last Nickname

Date of Birth ____/____/____ Place of Birth _____
Month Day Year

Race/Ethnicity ☐ White ☐ Asian ☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American ☐ American Indian or Alaskan Native

Home Address _____
Street Address

_____
City State Zip

Academic Program ☐ Toddler ☐ Primary ☐ Jr. Elementary ☐ Sr. Elementary
☐ Full Day
or ☐ Half Day

Enrichment (Before/After School Care) ☐ Yes -> Drop Off ☐ 7:30 AM ☐ 8:30 AM
Pickup ☐ 2:30 PM *for 1/2 day students* ☐ 4:30 PM ☐ 6:00 PM
☐ No

Previous School Experience _____

_____

All items on this Application are required to be completed by at least one (1) parent per the State of Georgia

FAMILY INFORMATION

Parent/Guardian 1 Information

Name _____

Relationship to Child:

Home Address *(If Different from Applicant)*

_____
Street Address

_____
City State Zip

Phone Numbers Cell _____

Work _____

Email Address

_____ @ _____

Best Contact Method ☐ Phone ☐ Text ☐ Email

Job Title _____

Employer _____

*Work Addr*ess _____
Street Address

_____
City State Zip

Parent/Guardian 2 Information

Name _____

Relationship to Child:

Home Address *(If Different from Applicant)*

_____
Street Address

_____
City State Zip

Phone Numbers Cell _____

Work _____

Email Address

_____ @ _____

Best Contact Method ☐ Phone ☐ Text ☐ Email

Job Title _____

Employer _____

*Work Addr*ess _____
Street Address

_____
City State Zip

Parents' Marital Status ☐ Married ☐ Separated ☐ Divorced ☐ Other

Child Resides with _____

Siblings - Names & Dates of Birth _____

_____

Grandparents' Names _____

EMERGENCY CONTACT (If parents/guardians are unable to be reached)

_____
Name Phone Relationship to Applicant

All items on this Application are required to be completed by at least one (1) parent per the State of Georgia

AUTHORIZATION FOR PICKUP

1. _____
   Name Phone Relationship to Applicant

2. _____
   Name Phone Relationship to Applicant

3. _____
   Name Phone Relationship to Applicant

HEALTH INFORMATION

Pediatrician _____
Name Address Phone

Prescribed Medications _____

Allergies _____

Religious Exemptions _____

Has your child been evaluated by an Occupational Therapist, Speech/Language Therapist, Physical Therapist, Pathologist, Psychologist, Behavioral Specialist and/or any other Specialist?

☐ Yes ☐ No If Yes, Please Explain _____

_____

In the event of an emergency involving my child, and if Rising Star Montessori, Inc. d/b/a Rising Star Montessori Academy cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for any and all medical expenses incurred during the treatment of my child. It is understood that in the event of an accident involving my child enrolled in the school, Rising Star Montessori, Inc. assumes no liability.

_____ Date: _____
Parent/Guardian 1 Signature Printed Name

Address _____ Phone _____

_____ Date: _____
Parent/Guardian 2 Signature Printed Name

Address _____ Phone _____

Application Rec'd
___/___/___

Rising Star Montessori, Inc. does not discriminate on the basis of race, creed or national origin.
All items on this Application are required to be completed by at least one (1) parent per the State of Georgia

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TUITION CONTRACT and PAYMENT SCHEDULE

2026-2027 Academic Year

Full Legal Name of Child _____
First Middle Last

I/We, _____ & _____, parent(s) and/or guardian(s) of the student named above, have elected the following program(s) for the 2026-2027 school year at Rising Star Montessori Academy:

Academic Program	Morning Enrichment	Afternoon Enrichment
	(Leave Blank if Not Applicable)	
☐ Toddler	☐ None	☐ Pickup at 2:30 PM
☐ Primary - Half Day	☐ 7:30 AM – 8:20 AM	☐ Pickup at 4:30 PM
☐ Primary - Full Day		☐ Pickup at 6:00 PM
☐ Junior Elementary		
☐ Senior Elementary		

I/We agree to pay Rising Star Montessori Academy the total amount of $_____ (see page 2) for the student's 2026-2027 Tuition and Enrichment fees (if applicable), and have selected Payment Plan _____, with understanding that the first tuition payment will be due on July 1, 2026.

I/We further understand that the monthly, bi-annual or annual tuition payment does NOT include the Registration Fee and/or any Activity Fees due.

_____ _____
Parent/Guardian Signature Date Parent/Guardian Signature Date

_____ _____
Printed Name Printed Name

Tuition Payment Plans

		Registration Fees	Total Tuition	PLAN A **One Payment** (Annual) 5% Discount **DUE July 1 in full**	PLAN B **Two Payments** (Bi-Annual) 2.5% Discount **DUE July 1 + Jan 1**	PLAN C **10 Payments** (Monthly) No Payment Feb. **DUE July 1 to May 1**
TODDLER PROGRAM						
18 Mos. – 3 Years	Half Day (No Enrichment)	$300.00	**$ 9,100.00**	$ 8,645.00	$4,436.25 x 2	$ 910.00 x 10
	+ Enrichment to 2:30 PM	$300.00	**$10,200.00**	$ 9,690.00	$4,972.50 x 2	$1,020.00 x 10
	+ Enrichment to 4:30 PM	$300.00	**$10,900.00**	$10,355.00	$5,313.75 x 2	$1,090.00 x 10
	+ Enrichment to 6:00 PM	$300.00	**$11,600.00**	$11,200.00	$5,655.00 x 2	$1,160.00 x 10
PRIMARY PROGRAM						
3 – 4½ Years	**Half Day** (No Enrichment)	$400.00	**$ 8,800.00**	$ 8,360.00	$4,290.00 x 2	$ 880.00 x 10
	+ Enrichment to 2:30 PM	$400.00	**$10,000.00**	$ 9,500.00	$4,875.00 x 2	$1,000.00 x 10
	+ Enrichment to 4:30 PM	$400.00	**$10,650.00**	$10,117.50	$5,191.88 x 2	$1,065.00 x 10
	+ Enrichment to 6:00 PM	$400.00	**$11,100.00**	$10,545.00	$5,411.25 x 2	$1,110.00 x 10
4½ – 6 Years	**Full Day** (No Enrichment)	$425.00	**$10,100.00**	$ 9,595.00	$4,923.75 x 2	$1,010.00 x 10
	+ Enrichment to 4:30 PM	$425.00	**$11,250.00**	$10,687.50	$5,484.38 x 2	$1,125.00 x 10
	+ Enrichment to 6:00 PM	$425.00	**$11,800.00**	$11,210.00	$5,752.50 x 2	$1,180.00 x 10
JR. ELEMENTARY PROGRAM						
6 – 9 Years	Full Day (No Enrichment)	$500.00	**$10,750.00**	$10,212.50	$5,240.63 x 2	$1,075.00 x 10
	+ Enrichment to 4:30 PM	$500.00	**$11,750.00**	$11,162.50	$5,728.13 x 2	$1,175.00 x 10
	+ Enrichment to 6:00 PM	$500.00	**$12,250.00**	$11,637.50	$5,971.88 x 2	$1,225.00 x 10
SR. ELEMENTARY PROGRAM						
9 – 13 Years	Full Day (No Enrichment)	$500.00	**$10,750.00**	$10,212.50	$5,240.63 x 2	$1,075.00 x 10
	+ Enrichment to 4:30 PM	$500.00	**$11,750.00**	$11,162.50	$5,728.13 x 2	$1,175.00 x 10
	+ Enrichment to 6:00 PM	$500.00	**$12,250.00**	$11,637.50	$5,971.88 x 2	$1,225.00 x 10

Age as of 9/1/2026

Registration fees are due in full when the application for enrollment is submitted. Class spaces are limited and will not be reserved for any student for whom the fees remain unpaid.

Parent/Guardian Signature Date

Printed Name

Parent/Guardian Signature Date

Printed Name

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PARENT CONTRACT

2026-2027 Academic Year

Rising Star Montessori Academy is a private, self-supporting Montessori school whose financial obligations and commitments are based on a fixed number of students enrolled in our school. We account for the monthly tuition to stay on track with our annual budget.

If the student is withdrawn early from RSMA for any reason, there will be no refund of tuition for any month that the student was in attendance for one or more days. Likewise, there will be no refund of any portion of the registration and/or activity fees.

BEFORE THE STUDENT'S LAST DAY OF ATTENDANCE,
A ONE-TIME EARLY TERMINATION FEE EQUAL TO ONE MONTH OF TUITION WILL BE CHARGED, PLUS A $50 PROCESSING FEE.
ONE MONTH NOTICE IS REQUIRED BEFORE WITHDRAWING YOUR CHILD.

It is understood that by signing this contract, I/We are responsible for paying the yearly tuition fee on a monthly, bi-annual or annual basis. It is further understood that if the student is withdrawn before the last day of school according to the Rising Star Montessori Academy calendar, that all discounts given will become null and void and the early termination fee will be based on the full tuition rate. Transcripts and school records will not be released unless all fees have been paid in full.

Parent/Guardian Signature Date	Parent/Guardian Signature Date
Printed Name	Printed Name

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PARENTAL AGREEMENT

with Rising Star Montessori Academy
2026-2027 Academic Year

1. Rising Star Montessori Academy (hereinafter "RSMA") will provide instruction to my child, _____, five (5) days per week in accordance with the RSMA calendar beginning August 6, 2026 to May 28, 2027, from _____ AM to _____ PM each day.

2. I understand that if my child does not have a morning dismissal time, I will furnish their lunch, beverage, and ice pack in their lunch container. I also understand that I may enroll and order my child's lunches to be delivered on specific days through the school lunch program. Should I choose to order meals for my child's lunch, it will be an additional cost which will depend on frequency and meals chosen. NO PEANUT PRODUCTS ARE PERMITTED.

3. Three weeks per year, each student will be required to provide morning snack for their class. The teacher will send home a list of seven (7) items, with a specific number of servings of each to be dropped off to the school no later than the Monday morning of their designated week. Each teacher will allocate these items to the class for morning snack time. RSMA will provide afternoon snack for all children.

4. Before any medication is dispensed to my child, an RSMA written authorization will be completed and submitted that shall include the child's name, name of the medication, prescription number (if any), dosage, and the required date(s) and time(s) of administering the medication. The medication must be provided to RSMA in the original bottle with the child's name designated on the label. DOSAGE TIME CANNOT BE "AS NEEDED" ON THE FORM.

5. Arrival / Dismissal Time
   a. Toddler and Primary Students – The child will not be allowed to enter or leave the school without being escorted by the parent(s)/guardian(s), Authorized Pick-Up Persons, or school personnel. The child will be escorted to their classroom no earlier than 8:20 AM, where a teacher is present, unless they are enrolled in Enrichment. Toddler and Primary students must be signed in and out of school every day through the Procare app.
   b. Junior Elementary Students – The child will be dropped off no earlier than 8:20 AM, unless they are enrolled in Enrichment. Signing in/out is not required.

c. Senior Elementary Students – The child will be dropped off no earlier than 8:05 AM, unless they are enrolled in Enrichment. The cutoff time for drop-off is 8:45 AM. Signing in/out is not required.

6. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur (i.e. phone numbers, work information, emergency contacts/authorized pickup persons, primary care physician, health information, etc.)

7. RSMA agrees to keep me informed of any incidents, including illness, injury, adverse reactions to medication, etc. which involve my child.

8. I acknowledge it is my responsibility to keep RSMA informed as to any contagious illness or disease my child has contracted, to keep my child home when they are ill, and to notify RSMA if there is a concern that other children at the school have been exposed. I understand that a medical release signed by my child's physician may be required prior to my child returning to school (as noted on the DHR Communicable Disease Chart). Your child must be fever-free, without medication, and have not vomited for 24 hours in order to return to school.

9. I understand that a signed authorization must be submitted for my child to participate in routine transportation, field trips, special activities not on school property, and water-related activities taking place in water more than two (2) feet deep.

10. In the event of an emergency involving my child, and if RSMA personnel cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for any and all medical expenses incurred during the treatment of my child. It is understood that in the event of an accident involving my child enrolled in the school, RSMA assumes no liability.

11. I authorize the use of my child's name, parent(s)/guardian(s) name(s), address, phone number, and email address to be listed in the school directory, which will be dispersed to all RSMA parents.

12. I give RSMA permission to post pictures of my child in the school Workplace App, which is accessible by RSMA staff and school families only.

13. I agree to pay my child's tuition no later than 6:00 PM on the first day of each month, or pursuant to the terms outlined in the Tuition Contract and Payment Schedule completed and submitted to RSMA. I understand that a **late payment fee** will be assessed if the tuition payment is not made on time. If payment has not been made by the last day of the month for which it is due, the child will not be permitted to attend school and further action will be taken.

14. I have read this agreement and will abide by these policies and procedures for RSMA.

Parent/Guardian Signature	Date	Rising Star Montessori Academy	Date
Parent/Guardian Signature	Date		

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PHOTO RELEASE FORM

2026-2027 Academic Year

Dear Families,

At Rising Star Montessori Academy, we are continually seeking to involve all of our parents, even if you have a typical "Nine to Five" work schedule. We regularly share photos and videos of your children on Workplace while they are in the classroom, which serves as our school's secure and private forum / parent portal to *everything* RSMA! However, we also enjoy being able to post the photos and videos to our website and social media pages as a convenience and easy access for you and your family.

As a strict rule, any photos and/or videos posted will never have your child's name or any tags. We will never post photos or videos to any other social media page or website except our own.

Name of Child _____

☐ YES I/We DO give our permission for photos and/or videos of my/our child to be posted on the RSMA website and the RSMA social media websites.

(or)

☐ NO I/We DO NOT give our permission for photos and/or videos of my/our child to be posted on the RSMA website and the RSMA social media websites.

_____ _____

Parent/Guardian Signature Date Parent/Guardian Signature Date

_____ _____

Printed Name Printed Name

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VEHICLE EMERGENCY MEDICAL INFORMATION

2026-2027 Academic Year

Name of Child _____ **Date of Birth** ___/___/_____
First Middle Last MM DD YYYY

Home Address _____
Street Address City State Zip

_____
Parent/Guardian Name (1) Relationship to Child

Cell _____ Home _____ Work _____

_____
Parent/Guardian Name (2) Relationship to Child

Cell _____ Home _____ Work _____

PERSON TO NOTIFY DURING AN EMERGENCY, IF PARENTS CANNOT BE REACHED

Name _____ Cell _____ Other _____

Relationship to Applicant: _____

*Rising Star Montessori Academy uses **Piedmont Fayette Hospital** located at **1255 Highway 54 West, Fayetteville, GA 30214** for all emergency medical needs.*

Pediatrician _____
Physician's Name and Location of Practice Phone

Current Medications
OTC & Prescriptions, w/ Dosage _____

Child's Allergies _____

Special Needs/Conditions _____

In the event of an emergency involving my child, and if Rising Star Montessori, Inc. d/b/a Rising Star Montessori Academy cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for any and all medical expenses incurred during the treatment of my child.

_____ _____
Parent/Guardian Signature(s) Date Child's Name Witnessed By:

2026-2027

ACKNOWLEDGMENT OF FAMILY HANDBOOK

Name of Student: _____

Program / Class: _____

I hereby acknowledge that I have been made aware that Rising Star Montessori Academy has a Family Handbook and that a copy of the Handbook, in electronic and/or paper form, has been made available to me for review. I hereby acknowledge that I understand that it is my responsibility to read the Handbook and familiarize myself with the policies contained therein. I agree to comply with all of the policies and procedures applicable to my child's enrollment at RSMA.

Questions about the Handbook may be directed the Director or the Administrator, as appropriate. I further understand that changes may occur to the Handbook. I agree to comply with the policies contained in the Handbook as well as any updates or changes to the policies and procedures contained in the Family Handbook.

Signature of Parent/Guardian 1	Printed Name	Date
Signature of Parent/Guardian 2	Printed Name	Date

FOR OFFICE USE ONLY

THIS FORM MUST BE COMPLETED AND SIGNED AT THE TIME OF THE ISSUANCE/ACCESSABILITY OF THE FAMILY HANDBOOK. A COPY OF THIS ACKNOWLEDGMENT IS TO BE PLACED IN EACH STUDENT'S FILE.