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# MONDAY MESSENGER

Volume 5, Issue 3

July 26, 2010

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## Community Wide Open House

On Sunday, August 15<sup>th</sup> we will have an Open House to show off our new campus to the Middle Georgia Community. We are so proud of what Montessori of Macon has accomplished through the teamwork of our staff and parents.

## Who's Picking up Your Child?

There are times when we all need help getting our children to and from school. However, to protect your children, we must insist that you notify the school when an alternate arrangement is made.

- A) **Re-occurring & Carpool Transportation:** Add authorized person to the Emergency Contact Form. Please note that once added, that person has the authority to pick up your child from school at any time.
- B) **Occasional or One Time Pick Ups:** Please call, email or send a note with the child's name, date and name of person picking up child.

Having the child tell the teacher is not an acceptable communication. Please help us keep your children safe.

## BUGS and BITES

As you know, we have no shortage of bugs in this area, and even though it is hot, the children have to get outside. Sunscreen, insect repellent and anti-itch sprays are often helpful in keeping the children comfortable and safe. Please fill out the attached form so that we can use these products as needed.

## THANK YOU!

A big "thank you" to all who came and enjoyed the company and food at our Parent Breakfast. We'd especially like to thank Roman and Sal's parents, Natasha and Carl Phillips...also owners



of Fountain of Juice, for providing all the delicious refreshments. We look forward to more opportunities for our parents to get together and build community, as our children do.

## DEADLINE Next Monday for Board of Director Applications

Thank you for all who have expressed an interest in being on the Board of Directors. Nominations are open to any parent, and being involved on the board is an excellent way to learn more about Montessori of Macon. Consider what you might be able to contribute. Completed Applications are due on August 2<sup>nd</sup>. Election for these two positions takes place at our Annual General Meeting on August 22<sup>nd</sup>.

## Dates to Remember

Aug 1 <sup>st</sup>	Tuition Installment Due
Aug 2 <sup>nd</sup>	Deadline to submit Board of Director Applications
Aug 15 <sup>th</sup>	Open House 1:00 to 3:00
Aug 22 <sup>nd</sup>	Annual General Meeting (Each Family is required to send one representative)
Sep 6 <sup>th</sup>	Labor Day - No School

## Montessori of Macon Board Application – Due by August 2<sup>nd</sup>

**Please use additional pages to answer questions, if needed. Completed applications may be dropped off in the office or emailed to – [information@montessoriofmacon.org](mailto:information@montessoriofmacon.org)**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Name of child or children attending M.O.M. and years of attendance.
2. Why have you chosen M.O.M. for your child or children?
3. Give a brief description of yourself. Please include any skills, talents, experience, education, etc. that would be beneficial to our Board of Directors.
4. If you are elected to the Board, what are the goals and/or accomplishments you would like to achieve by the end of your 2 year term?
5. If you are elected to the Board, what would be your greatest strengths as a Board member?
6. Why would you like to be a member of the M.O.M. Board of Directors?



# MONTESSORI OF MACON

EDUCATING THE WHOLE CHILD FOR A WHOLE WORLD

## Authorization to Dispense External Preparations

I give Montessori of Macon permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

\_\_\_\_\_ Baby Wipes

\_\_\_\_\_ Band-aids

\_\_\_\_\_ Neosporin or similar ointment

\_\_\_\_\_ Bactine or similar first aid spray

\_\_\_\_\_ Sunscreen  May contain Paba  Paba Free only

\_\_\_\_\_ Insect Repellent  May contain Deet  Deet free only

\_\_\_\_\_ Anti itch spray (such as Benadryl spray)

\_\_\_\_\_ Anti itch ointment (such as Benadryl ointment)

\_\_\_\_\_ Non-Prescription ointment (such as A&D, Desitin, Vaseline)

\_\_\_\_\_ Baby Powder

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth