



Saxtons River Montessori School

P.O. Box 98
 14 Westminster Street
 Saxtons River, VT 05154
 802-869-3349
 srmontessori.org

New Student Application Form 2016-2017

Application Date: _____

Child's Name:		Birth Date:	
Child's Nickname			
Physical Address: (Street)			
City, ST Zip			

Parent 1/Guardian Name: (To be called first for an emergency)	Parent 2 /Guardian Name:
Mailing Address: <input type="checkbox"/> Same as Physical Address Above	Mailing Address: <input type="checkbox"/> Same as Physical Address Above
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Employed at:	Employed at:
Work Phone:	Work Phone:
Best way to contact you? (text, phone, email...)	Best way to contact you? (text, phone, email...)
During the day:	During the day:
During the evening:	During the evening:

Parent the Child Resides With:

MEDICAL INFORMATION	
Child's Doctor:	Child's Dentist:
Phone:	Phone:
Hospital Preference:	

Names and ages of other children living at home:			
1.	--	3.	--
yrs.		yrs.	
2.	--	4.	--
yrs.		yrs.	

Please provide us with some information about your child:		
Does your child have allergies? (If so, please list)		
Please list any special dietary requirements? (If so, please list)		
Does your child have a current medical condition? (If yes, please describe:		
Please list any daily medications:		
Please list any special family situations that will help us to know your child (ex. New baby, divorce, death in the family, etc.)		
Is your child a foster child or adopted?		
Please list previous childcare/daycare/preschools:		
How did you hear about our program?		
May we contact previous childcare/daycare/preschool?	Program Phone:	

<p>How does your child handle separation from parents/caregivers?</p>
<p>Has anyone had any concerns about your child's behavior? If yes, please explain</p>
<p>Has anyone had any concerns about your child's physical or emotional development? If yes, please explain</p>
<p>If your family is working with any state or local agencies for services or support, please list here with contact information. (We will not contact outside agencies without your written permission)</p>
<p>Please list activities or things your child especially likes:</p>
<p>Please list activities or things your child dislikes (cats, storms, etc.):</p>
<p>Please describe how your child displays anger:</p>
<p>Please describe how your child displays fear:</p>
<p>Any security items? (blanket, stuffed animal, etc):</p>

Has your child ever had a negative experience in a childcare setting? If so, please explain:		
Toilet Trained? (Circle one) (Your child must be *near fully* toilet trained to enter SRMS)	YES NO	Does your child nap at home? How long?: Does your child sleep all night?
Please list anything else you think we should know about your child:		

<u>PERMISSION AGREEMENT</u>			
I give permission for Saxtons River Montessori School to contact/share information about my child with the following services, individuals and/or organizations: (Initial in the box to the LEFT of all that apply)			
	Pediatrician		Early interventionist or essential early education special educator
	Family Support Worker		Children's Integrated Services
	Reach Up		Mental health clinician, therapist or doctor
	DCF		Social Worker/HCRS

Should there be a change in this permission agreement, I will notify SRMS.

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

An application fee in the amount of \$25.00 is required with this application. Thank you.

PROGRAM PREFERENCES

STUDENT INFORMATION			
Child's Name		Date of Birth	

Please indicate your program preference by placing a "1" in the PREFERENCE column next to your first choice. Place, a "2" next to your second choice and so forth. Place an "X" next to any programs you **cannot** accept.

PREFERENCE	HALF DAY PRESCHOOL Program (8:30 AM to 11:45 PM; four options)					Tuition
	M	T	W	Th	F	\$4,387 (5 mornings)
	M	T		Th	F	\$3,900 (4 mornings)

PREFERENCE	FULL DAY PRESCHOOL Program (8:30 AM to 3:00 PM; four options)					Tuition
	M	T	W	Th	F	\$8,775 (5 days)
	M	T		Th	F	\$7,800 (4 days)
	M	T	W			\$5,850 (3 days)
			W	Th	F	\$5,850 (3 days)

Please circle the **Before Care** option below that you prefer.

BEFORE CARE Program (8:00 AM to 8:30 AM at a cost of \$5/day)						
Occasionally	M	T	W	Th	F	Not needed

Parent Signature: _____ **Date:** _____
Parent Signature: _____ **Date:** _____