



New Student Application Form 2017-2018

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:

Child's Primary Residence (if not with both Parent/Guardians):

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

Names and ages of other children living at home:					
1.	--	yrs.	3.	--	yrs.
2.	--	yrs.	4.	--	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 and/or adopted foster child?		
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 (dogs, 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>
<p>Has your child ever had a negative experience in a childcare setting? If so, please explain:</p>

Toilet Trained? (Circle one) YES NO (Your child must be *near fully* toilet trained to enter SRMS)	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>									
<u>I give permission</u> 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)									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 5px;">Pediatrician</td></tr> <tr><td style="padding: 5px;">Family Support Worker</td></tr> <tr><td style="padding: 5px;">Reach Up</td></tr> <tr><td style="padding: 5px;">DCF</td></tr> </table>	Pediatrician	Family Support Worker	Reach Up	DCF	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 5px;">Early interventionist or essential early education special educator</td></tr> <tr><td style="padding: 5px;">Children's Integrated Services</td></tr> <tr><td style="padding: 5px;">Mental health clinician, therapist or doctor</td></tr> <tr><td style="padding: 5px;">Social Worker/HCRS</td></tr> </table>	Early interventionist or essential early education special educator	Children's Integrated Services	Mental health clinician, therapist or doctor	Social Worker/HCRS
Pediatrician									
Family Support Worker									
Reach Up									
DCF									
Early interventionist or essential early education special educator									
Children's Integrated Services									
Mental health clinician, therapist or doctor									
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 11:30 PM; five mornings)					Tuition (- \$3,178 VT Pre-K Funds)
	M	T	W	Th	F	\$2,947 (5 mornings)

PREFERENCE	FULL DAY PRESCHOOL Program (8:30 AM to 2:50 PM; three options)					Tuition (- \$3,178 VT Pre-K Funds)
	M	T	W	Th	F	\$7,322 (5 days)
		T	W	Th	F	\$5,222 (4 days)
		T	W	Th		\$3,122 (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 \$15/day)						
Occasionally	M	T	W	Th	F	Not needed

Parent Signature: _____

Date

:

Parent Signature: _____

Date

: