



## New Student Application Form 2025-2026

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

<b>Child's Name:</b>		<b>Birth Date:</b>	
<b>Child's Nickname</b>			
<b>Physical Address: (Street)</b>			
<b>City, State, Zip</b>			

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

<b>Child's Primary Residence (if not with both Parent/Guardians):</b>
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<b>MEDICAL INFORMATION</b>
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SRMS does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. We are committed to providing an inclusive and welcoming environment for all members of our staff, students, families, volunteers, and vendors.

<b>Child's Doctor:</b>	<b>Child's Dentist:</b>
<b>Phone:</b>	<b>Phone:</b>
<b>Hospital Preference:</b>	

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 Name & Phone:

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**How does your child handle separation from parents/caregivers?**

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**Has anyone had any concerns about your child's behavior? If yes, please explain:**

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**Has anyone had any concerns about your child's physical or emotional development? If yes, please explain:**

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**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):**

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**Please list activities or things your child especially likes:**

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**Please list activities or things your child dislikes (dogs, storms, etc.):**

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**Please describe how your child displays anger:**

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**Please describe how your child displays fear:**

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**Any security items? (blanket, stuffed animal, etc):**

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**Has your child ever had a negative experience in a childcare setting? If so, please explain:**

Are you comfortable setting clear boundaries for your child? How would you describe your parenting style?

Do you have other childcare options on the days your child might be too ill to attend school?

Toilet Trained? (Circle one)    YES                      NOT YET	Does your child nap at home? How long?:  Does your child sleep all night?
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Please list anything else you think we should know about your child:

SRMS is a family co-op and relies on parent participation in fundraising and volunteer days to maintain affordable tuition. Will co-op hours be possible/enjoyable for your family? What skills do you bring to the community?

**PERMISSION AGREEMENT**

**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)**

<input type="checkbox"/> Pediatrician		<input type="checkbox"/> Early interventionist or special educator
<input type="checkbox"/> WNESU or child's school district, TS Gold		<input type="checkbox"/> Children's Integrated Services

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

**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 AM; four mornings)					Tuition (after \$3,982 VT Pre-K Funds deducted)
	M	T	W	Th	F	\$5,018

PREFERENCE	FULL DAY PRESCHOOL Program (8:30 AM to 3:00 PM; three options)					Tuition (after \$3,982 VT Pre-K Funds deducted)
	M	T	W	Th	F	\$5,018
	M	T	W	Th	F	\$6,818
		T	W	Th		\$5,018

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

*If committed to a regular Before Care schedule 3-5 days/wk, the cost is \$8/day.  
Daily drop-in rate is \$14/day.*

BEFORE CARE Program (8:00 AM to 8:30)						
Occasionally	M	T	W	Th	F	Not needed

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_