



Saxtons River Montessori School

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

Returning 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:

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

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)
						\$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)
						\$7,800 (4 days)
						\$5,850 (3 days)
						\$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:** _____