



Returning Student Application Form 2025-26

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:

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.

Child's Primary Residence (if not with both parents):

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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)

	Pediatrician		Early interventionist or special educator
	WNESU or child's school district, TS Gold		Children's Integrated Services

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

Names and ages of other children living at home:

1.	3.
2.	4.

Parent/Guardian
Signature: _____

Date: _____

Parent/Guardian
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 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.

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

If committed to a regular Before Care schedule 3-5 days/wk, the cost is \$8/day.

Daily drop-in rate is \$14/day.