



## RETURNING STUDENT ENROLLMENT FORM 2021-2022

<b>Child's Name:</b>		<b>Child's Birth Date:</b>	
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EMERGENCY CONTACTS	
<b>1. Name:</b>	<b>2. Name:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>
<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Work Phone:</b>	<b>Work Phone:</b>
<b>3. Name:</b>	<b>4. Name:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>
<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Work Phone:</b>	<b>Work Phone:</b>

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

ALLERGIES / SPECIAL DIETARY REQUIREMENTS / MEDICATIONS
<b>Does your child have allergies? (If so, please list)</b>
<b>Please list any special dietary requirements? (If so, please list)</b>

Does your child have a current medical condition? (If yes, please describe:

Please list any daily medications:

**DROP OFF / PICK UP**  
Names of Persons authorized to take child from preschool:

Name	Address
Best Daytime Phone #	
1.	
2.	
3.	
4.	

(Please Initial below.)

Pls. Initial	PERMISSION AGREEMENTS
	<b>Medical Emergency:</b> I understand that every effort will be made to contact me in case of emergency. I give permission to authorize emergency medical care and associated transportation. I understand and agree that I am responsible for any cost for emergency medical care or transportation.
	<b>Activities:</b> I give permission for my child to use all of the play equipment, including the wading pool, and participate in all the activities of SRMS.
	<b>School District:</b> I give permission for SRMS to share information about my child with the student's school district.
	<b>Walks:</b> I give permission for my child to take neighborhood walks with the pre-school staff.
	<b>Photos:</b> I give permission for my child to be included in picture taking that is not used on the web.
	<b>Photo Use:</b> I give permission for my child to be included in picture taking and video filming that may be used on the web.
	<b>Topical Ointments:</b> I give permission for the staff to apply sunscreen and bug spray. I also give consent for topical first aid ointments to be applied. (Please supply SRMS with your preferred ointments.)
	<b>Observations:</b> I give permission for my child to be present when the program is observed by professionals from the local school programs and related early education services.
	<b>Suspected Child Abuse:</b> I am aware that the staff members of SRMS are required by law to report suspected child abuse or neglect.

**Liability Disclaimer:**  
 I understand that the Saxtons River Montessori School, Inc. is covered by a comprehensive general liability insurance policy but not with accident insurance. I assume responsibility for my child's accident insurance coverage or, in lieu of having personal coverage; I assume financial responsibility in the event of any injury occurring to my child while at school. I understand that the school cannot provide insurance benefits if an injury does occur to my child while he/she is at the school.

**I give permission for Saxtons River Montessori School to contact/share information about my child with the following services, individuals and/or organizations: (initial to the RIGHT of all that apply)**

Pediatrician	Early interventionist or essential early education special educator
School District	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.

## 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 \$3,536 VT Pre-K Funds deducted)
	M	T	W	Th	F	\$3,360 (4 mornings)

PREFERENCE	FULL DAY PRESCHOOL Program (8:30 AM to 3:00 PM; four options)					Tuition (after \$3,536 VT Pre-K Funds deducted)
	M	T	W	Th	F	\$3,360 (3 days)
	M	T	W	Th	F	\$5,540 (4 days)
		T	W	Th		\$3,360 (3 days)

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

<b>BEFORE CARE Program</b> (8:00 AM to 8:30 AM at a cost of \$10/day)						
Occasionally	M	T	W	Th	F	Not needed

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

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