



RETURNING STUDENT ENROLLMENT FORM 2022-2023

Child's Name:	Child's Birth Date:
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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:

EMERGENCY CONTACTS	
1. Name:	2. Name:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
3. Name:	4. Name:
Cell Phone:	Cell Phone:

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.

Home Phone:	Home Phone:
Work Phone:	Work Phone:

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

ALLERGIES / SPECIAL DIETARY REQUIREMENTS / MEDICATIONS
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:

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	
	Medical Emergency: 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.	
	Activities: 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.	
	School District: I give permission for SRMS to share information about my child with the student's school district.	
	Walks: I give permission for my child to take neighborhood walks with the pre-school staff.	
	Photos: I give permission for my child to be included in picture taking that is not used on the web.	
	Photo Use: I give permission for my child to be included in picture taking and video filming that may be used on the web.	
	Topical Ointments: 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.)	
	Observations: 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.	
	Suspected Child Abuse: 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.	
<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 to the RIGHT of all that apply)		
Pediatrician	Early interventionist or essential early education special educator	
Teaching Strategies Gold for Child's 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 \$3,656 VT Pre-K Funds deducted)
	M	T	W	Th	F	\$390 (4 mornings)

PREFERENCE	FULL DAY PRESCHOOL Program (8:30 AM to 3:00 PM; four options)					Tuition (after \$3,656 VT Pre-K Funds deducted)
	M	T	W	Th	F	\$3900 (3 days)
	M	T	W	Th	F	\$5650 (4 days)
		T	W	Th		\$3900 (3 days)

PREFERENCE	SRMS Alum Homeschoolers' Program					Monthly Tuition
	M	T	W	Th	F	2 days/week \$280 3 days/week \$400 4 days/week \$560

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

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

A tuition deposit in the amount of \$200 is required with this enrollment form to ensure your child's place with us at Saxtons River Montessori School in the fall. Thank you.

Parent Signature: _____ Date _____

Parent Signature: _____ Date _____