Returning Student Application Form 2023-2024

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: □ Same as Physical Address Above	Mailing Address: □ 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:

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

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 $3,764 VT Pre-K Funds deducted)
	M	T	W	Th	F	TBD

PREFERENCE	FULL DAY PRESCHOOL Program (8:30 AM to 3:00 PM; three options)					Tuition (after $3,764 VT Pre-K Funds deducted)
	M	T	W	Th	F	TBD
	M	T	W	Th	F	TBD
		T	W	Th		TBD

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