



Mount Hope

Montessori School

2016-2017 School Year
Enrollment Application

PO Box 267
Mansfield Center, CT 06250
860-423-1070 (ph.)
860-456-3359 (fax)
mthopemontessori@snet.net
www.mounthopemontessori.com

Child's name: _____ Date of enrollment: _____

Date of Birth: _____ Age as of September 1, 2016: _____ Gender: _____

Parent/Guardians' names:

Address:

Address (if different):

Phone Numbers (please list in the order you would like us to call should we need to reach you):

Email:

Can we share your email address with other Mount Hope families?

Yes _____ No _____

Yes _____ No _____

Occupation and employer:

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Please list name(s) and age(s) (as of September 1, 2016) of each sibling:

What language(s) are spoken or taught at home?

Please list any allergies your child has:

Please list any food restrictions your child has:

Please tell us about your child's previous school, program, or daycare experience, if any:

Please tell us anything about your child that we might need to know to help him or her be more successful. Some examples might be: recent birth of a sibling, death of a loved one or pet, recent change in family such as separation of parents, child's habits or fears, or special interests:

Family physician name: _____ Phone: _____

Emergency Contacts (please provide two, besides parents):

Name/relationship: _____ Phone: _____

Name/relationship: _____ Phone: _____

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Child's Name: _____

I/We are enrolling our child in the following academic program - check one of the options below:

- _____ 5 Day Full Day 9:00 am- 3:00 pm, Monday- Friday \$9,450
- _____ 4 Day Full Day 9:00 am- 3:00 pm, Monday- Thursday \$8,450
- _____ 5 Day Half Day 9:00 am- 12:30 pm, Monday- Friday \$6,700
- _____ 4 Day Half Day 9:00 am-12:30 pm, Monday- Thursday \$5,700

Fees are per school year, payable in 10 monthly installments. A non-refundable deposit of \$200 for half day and \$375 for full day, which will be applied to your total due, must be submitted with this application. Re-enrolling families must pay their deposit by June 30, 2016.

I/We are also enrolling our child in the Contracted Child Care program. Please check each choice:

AM care is from 7:30-9:00. PM care is from 3:00-4:00 or from 3:00-5:30.

- _____ AM 5 days per week: \$1,468
- _____ AM 4 days per week: \$1,185
- _____ PM until 4:00, 5 days per week: \$1,468
- _____ PM until 4:00, 4 days per week: \$1,185
- _____ PM until 5:30, 5 days per week: \$2,240
- _____ PM until 5:30, 4 days per week: \$1,778

Please calculate your total due:

Amount due for academic program: _____
 Amount due for Contracted Child Care: _____
 Less down payment amount: _____
 Total due: _____ Divided by 10: _____
 (monthly payment)

Your first payment for the 2016-2017 school year is due September 5, 2016.
 Your last payment for the 2016-2017 school year is due June 10, 2017.
 Payments are due on the 5th of each month. Payments received after the 5th of each month are subject to a \$25 late fee.

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By signing below, I/we accept and agree:

1. to the terms outlined in this application;
2. that the deposit is not refundable, and that placement cannot be guaranteed until the deposit is received;
3. that Mount Hope does not offer discounts or make up days for absences or canceled school days; and
4. that a fee could be charged for late pick-up of my/our child.

Signed: _____

Date: _____

Print: _____

Signed: _____

Date: _____

Print: _____

(In two-parent/guardian households, both parents/guardians must sign).

The following authorizations, required by state regulations, allow Mount Hope Montessori School, Inc., and its staff and/or agents authority as noted. Each authorization must be signed by a parent:

1. I authorize the staff at Mount Hope Montessori School to care for my child in my absence during the academic and/or child care hours I have chosen.

Signature: _____

2. I authorize my child to take class field trips during the school year. I understand that my child may be transported in personal vehicles by staff and/or parents and/or volunteers.

Signature: _____

3. I authorize my child to be photographed or video-taped for classroom-related purposes, and for such photos to be used as deemed appropriate by Mount Hope Montessori School, its staff or agents, for publicity purposes.

Signature: _____

4. I authorize the staff and/or agents of Mount Hope Montessori School to administer first aid to my child in the event that he/she is injured during the school day or during child care and, if necessary, accompany my child to an appropriate medical facility for emergency care. I understand that staff and/or agents will make every effort to contact me, and that my child will be transported by emergency vehicle. I give permission for my child to receive emergency care.

Signature: _____

5. I authorize my child to be transported from Mount Hope Montessori School to an alternate shelter in the event of an emergency. I understand that my child may be transported by personal vehicle, bus, and/or other method of transportation as deemed necessary. I also understand that I will be notified of such an event as soon as possible.

Signature: _____

Note: The State of Connecticut requires that this application, and a medical form showing your child has had a physical within the last year, must be received prior to, or on, the first day of classes. Thank you.