



Mount Hope Montessori School



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www.mounthopemontessori.com

2019-2020 School Year Enrollment Application

Child's name: _____ Date of enrollment: _____

Date of Birth: _____ Age as of September 1, 2019: ____ Gender: _____

Parent/ Guardians' names:

Address:

Address:

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

Email:

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

Yes___ No___

Yes___ No___

Occupation and employer-please include address and telephone for work



Mount Hope Montessori School



2019-2020 School Year Enrollment Application

Please list name(s) and age(s) (as of September 1, 2019) 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, child's habits, fears, or interests.

Family physician name: _____ **Phone:** _____

Emergency contacts (please provide two, besides parents):

Name/relationship: _____ **Phone:** _____

Name/relationship: _____ **Phone:** _____



Mount Hope Montessori School



2019-2020 School Year Enrollment Application

Child's Name: _____

I/We are enrolling our child in the following academic program for school years:

_____ 2019-2020

Check one of the options below:

- _____ 5 Day Full Day 9:00 am- 3:00 pm, Monday – Friday \$10,557.00
- _____ 4 Day Full Day 9:00 am- 3:00 pm, Monday – Thursday \$10,098.00
- _____ 5 Day Half Day 9:00 am- 12:30 pm, Monday – Friday \$7,752.00
- _____ 4 Day Half Day 9:00 am- 12:30 pm, Monday – Thursday \$6,732.00

Fees are per school year, payable in 10 monthly installments.

A non-refundable deposit of \$300, which will be applied to your total due, must be submitted with this application. Re-enrolling families that have not enrolled for multiple years must pay their deposit by June 30, 2019

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

AM care is from 8:00-9:00. PM care is from 3:00-5:30

- _____ AM 5 days per week \$1,985.00
- _____ AM 4 days per week \$1,588.00
- _____ PM until 4:00, 5 days per week \$1,985.00
- _____ PM until 4:00, 4 days per week \$1,588.00
- _____ PM until 5:30, 5 days per week \$2,867.00
- _____ PM until 5:30, 4 days per week \$2,293.00

*If you choose to not do the contracted child care the rates of drop in child care are as follows daily:
AM and PM: \$14.00/hour

Please calculate your total due:

Amount due for academic program: _____

Amount due for Contracted Child Care: _____

Less down payment amount: _____

Total due: _____ Dived by 10: _____
(Monthly payments)

Your first payment for the 2019-2020 school year is due September 6, 2019.
Your last payment for the 2019-2020 school year is due June 5, 2019.
Payments are due on the 5th of each month. Payments received after the 5th of each month are subject to a \$25 late fee.



Mount Hope Montessori School



2019-2020 School Year Enrollment Application

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 makeup days for absences or canceled school days;
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 Mont 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 that 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 purpose.

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: _____



Mount Hope Montessori School



2019-2020 School Year Enrollment Application

5. I authorize my child to be transported from Mount Hope Montessori School to an alternative 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 even as soon as possible.

Signature: _____

**Note: The State of Connecticut required 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.**