



# Mount Hope Montessori School



48 Bassets Bridge Road  
PO Box 267  
Mansfield Center, CT 06250  
860-423-1070  
mthopemontessori@snet.net  
www.mounthopemontessori.com

## 2022-2023 School Year Enrollment Application

Child's name: \_\_\_\_\_ Date of enrollment: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of September 1, 2022: \_\_\_\_ 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**Please list name(s) and age(s) (as of September 1, 2022) of each sibling:**

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

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**Please list any allergies your child has:**

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**Please list any food restrictions your child has:**

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

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**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.**

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**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 for school years:

\_\_\_\_\_ 2022-2023

Check one of the options below:

- \_\_\_\_\_ 5 Day Full Day 9:00 am- 3:00 pm, Monday – Friday                      \$11,472.00
- \_\_\_\_\_ 4 Day Full Day 9:00 am- 3:00 pm, Monday – Thursday                      \$10,973.00
- \_\_\_\_\_ 5 Day Half Day 9:00 am- 12:30 pm, Monday – Friday                      \$8,424.00
- \_\_\_\_\_ 4 Day Half Day 9:00 am- 12:30 pm, Monday – Thursday                      \$7,315.00

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

A non-refundable deposit of \$400, which will be applied to your total due, must be submitted with this application. Re-enrolling families must pay their deposit by June 30, 2022

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 3:00-4:00 or 3:00-5:00

- \_\_\_\_\_ AM 5 days per week                      \$2,147.00
- \_\_\_\_\_ AM 4 days per week                      \$1,717.00
- \_\_\_\_\_ PM until 4:00, 5 days per week                      \$2,147.00
- \_\_\_\_\_ PM until 4:00, 4 days per week                      \$1,717.00
- \_\_\_\_\_ PM until 5:00, 5 days per week                      \$2,782.00
- \_\_\_\_\_ PM until 5:00, 4 days per week                      \$2,225.00

\*If you choose to not do the contracted child care the rates of drop in child care are as follows daily:  
AM and PM: \$15.00/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 5, 2022.  
 Your last payment for the 2019-2020 school year is due June 5, 2023.  
 Payments are due on the 5<sup>th</sup> of each month. Payments received after the 5<sup>th</sup> 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 and in the parent handbook;
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)**

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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:** \_\_\_\_\_



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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.**