



Mount Hope  
Montessori School



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

### 2025-2026 School Year Toddler Enrollment Application

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

Date of Birth: \_\_\_\_\_ Age as of September 1, 2025: \_\_\_\_\_ 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 work address and telephone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Mount Hope Montessori School



2025 -2026 School Year Enrollment  
Application

**Please list name(s) and age(s) (as of September 1, 2025) 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:** \_\_\_\_\_



# Mount Hope Montessori School

2025 -2026 School Year Enrollment  
Application

Emergency contacts (please provide two, besides parents):

Name/relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I/We are enrolling our child, \_\_\_\_\_, in the following academic program- select one of the options below:

<input type="checkbox"/> 5 Day Full 9:00a.m.-3:00 p.m., Monday-Friday	\$14,379.00
<input type="checkbox"/> 4 Day Full 9:00a.m.-3:00 p.m., Monday-Thursday	\$13,693.00
<input type="checkbox"/> 3 Day Full 9:00a.m.-3:00 p.m., Monday-Wednesday	\$13,009.00
<input type="checkbox"/> 5 Day Half 9:00a.m.-12:30 p.m., Monday-Friday	\$9,813.00
<input type="checkbox"/> 4 Day Half 9:00a.m.-12:30 p.m., Monday-Thursday	\$9,243.00
<input type="checkbox"/> 3 Day Half 9:00-a.m.-12:30 p.m. Tues-Wed-Thurs	\$8,559.00

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.

I/We are also enrolling our child in the Contracted Child Care program. Toddler spaces in aftercare are limited and in order of application. 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

<input type="checkbox"/> AM 5 days per week	\$2,449.00
<input type="checkbox"/> AM 4 days per week	\$2,188.00
<input type="checkbox"/> PM until 4:00, 5 days per week	\$2,449.00
<input type="checkbox"/> PM until 4:00, 4 days per week	\$2,188.00
<input type="checkbox"/> PM until 5:00, 5 days per week	\$3,175.00
<input type="checkbox"/> PM until 5:00, 4 days per week	\$2,541.00

\*If you choose to not do the contracted child care the rates of drop-in child care are as follows daily:

AM and PM: \$20 .00/hour



# Mount Hope Montessori School



2025 -2026 School Year Enrollment  
Application

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 2025-2026 school year is due September 5, 2025. Your last payment for the 2025-2026 school year is due June 5, 2026.

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.

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) 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.



# Mount Hope Montessori School



2025 -2026 School Year Enrollment  
Application  
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: \_\_\_\_\_

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.

Tuition support is available through Connecticut's Care4Kids program and the Mansfield School Readiness program, now known as "Early Start". Even if your toddler is too young to qualify for a School Readiness slot, their name will be part of the wait list once they are eligible for preschool. All of our families are encouraged to fill out applications for both programs.

[CT Care 4 Kids – Connecticut Office of Early Childhood](#)

[MANSFIELD SCHOOL READINESS PROGRAM \(mansfieldct.gov\)](#)