



38 Sheridan Drive, Fairfield, Maine, 04937

**REGISTRATION FORM 2010-2011**

Please Print Clearly

**Child's Name** \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Place of Birth (city, state) \_\_\_\_\_ Current Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**Check the program of your choice:**

**Primary Mornings:**

3- day (Mon-Wed) 8:30 - 11:30 \$ 3178 \_\_\_\_\_

5 - day (Mon-Fri) 8:30 - 11:30 \$ 3892 \_\_\_\_\_

**Full-Day Primary:**

3- day (Mon-Wed) 8:30 - 2:30 \$ 4390 \_\_\_\_\_

5 - day (Mon-Fri) 8:30 - 2:30 \$ 5595 \_\_\_\_\_

**Extended Day** 8:30 - 2:30 \$ 5595 \_\_\_\_\_

**Elementary** 8:30 - 3:00 \$ 5973 \_\_\_\_\_

**Additional Montessori Afternoons** 11:30 - 2:30 (With registration in one of the Primary Morning Programs; less than 3-days per week, as space permits; priority is given to registrations in the programs listed above)

Circle day(s) of your choice: M \$396 T \$444 W \$432 Th \$420 F \$360

**Registered Day Care**

**Before-School Care 7:30 - 8:30**

3 - day \$400 \_\_\_\_\_

5 - day \$627 \_\_\_\_\_

**After-School Care 2:30 - 5:30 (Elementary 3:00 - 5:30)**

3 - day \$1188 \_\_\_\_\_

5 - day \$1836 \_\_\_\_\_

5 - day \$1539 \_\_\_\_\_ (Elementary)

If your day care needs do not correspond to the days/times offered, please let us know and we will be happy to accommodate special requests where possible.

ENROLLMENT CONTRACT 2010-2011

**Security Deposit:** To reserve a place for your child for the 2010-2011 school year, please return all forms with a non-refundable security deposit of \$250.00, payable to Kennebec Montessori School. Upon enrollment, the \$250.00 payment shall be applied to the materials/activities fee.

**Tuition Payment Plan:** Tuition is due in full by August 10, 2010. For your convenience, we offer the option to pay tuition and registered day care in ten equal monthly installments beginning August 10, 2010, and ending May 10, 2011. There is a \$50 processing fee for this payment option. Payments can be made by check or automatic debit directly to SMART Tuition Management Services, which administers the payments for the School. The Smart Tuition Form is attached and must be signed, dated, and returned to KMS along with this contract. For enrollment occurring after July 20, 2010, tuition shall be prorated based on the month of enrollment.

**Payment options (please check one):**

- I will pay tuition in full to KMS by August 10, 2010.
- I will pay tuition in monthly installments; \$50 processing fee will be applied to my Smart Tuition Account.

**Scholarship Program:** Our need-based Scholarship Program is open to any KMS student; however, full scholarships are not available. If you are interested in applying for tuition assistance, you must complete the Student Aid Form, available online, submit a \$21.00 processing fee per family, and mail it to the Private School Aid Service (PSAS) by June 1, 2010. PSAS conducts a confidential, objective financial analysis upon which the award will be based. Notification of tuition assistance awards will be made by July 31, 2010.

**Early Withdrawal:** If you withdraw your child at any time during the school year, you are responsible for all payments up to and including the month in which the withdrawal occurs. Date of withdrawal is based upon the school's receipt of written notification that your child is being withdrawn.

**Parent Participation:** In order to maintain affordable tuition levels, we ask that parents also make a commitment to the school of their time by participating in enrichment programs (reading, field trips, etc), fund-raising activities, clean-up days, and other projects. It is expected that each family will contribute 20 hours of time per year toward the Parent Volunteer Program.

I have read, understood, and agree to the above terms.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Statement of Non-discrimination**

The Kennebec Montessori School is an equal opportunity program and does not discriminate on the basis of race, color, gender, religion, national or ethnic origin, disability, marital status, or sexual orientation in administration of its educational, admissions, or hiring policies.

ADMISSION INFORMATION (new students only)

Child's Name: \_\_\_\_\_

Does your child have previous school or day care experience? Please list name and address:

\_\_\_\_\_  
\_\_\_\_\_

What social experience does your child have? (play groups, swimming, gym)

\_\_\_\_\_

Ways you comfort your child when upset: \_\_\_\_\_

Is your child able to care for his/her toileting needs? \_\_\_\_\_

Is your child in the habit of taking a nap? When? \_\_\_\_\_

Does your child play outside on a regular basis? \_\_\_\_\_

Do you have any household pets? \_\_\_\_\_ Type \_\_\_\_\_ Name \_\_\_\_\_

Please list some of your child's interests: \_\_\_\_\_

\_\_\_\_\_

Siblings:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Do you have a classroom preference? \_\_\_\_\_

Is there anything else that you feel is important for the school to be aware of?

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Kennebec Montessori School?

\_\_\_\_ Parent of a KMS student \_\_\_\_\_  
specify name

\_\_\_\_ A friend \_\_\_\_\_  
specify name

\_\_\_\_ Newspaper \_\_\_\_\_  
specify name

\_\_\_\_ Internet

\_\_\_\_ Poster

\_\_\_\_ Other (please specify) \_\_\_\_\_

PERMISSION SLIP 2010-2011
CIVIL RIGHT INFORMATION COLLECTION 2010-2011

Child's Name: \_\_\_\_\_

1. FIELD TRIP

I give permission for my child to participate in school-sponsored field trips during the 2010-2011 school year. I understand that notification will be sent home prior to all planned field trips and that I may withdraw my permission for a planned trip if I so desire. I further understand that for most field trips my child shall be transported by Parent Volunteer Drivers in their privately owned vehicles.

2. PHOTO RELEASE

During the school year, photos of the children will be taken for education and publicity purposes.

\_\_\_\_\_ I give permission for photos of my child to be used by KMS

\_\_\_\_\_ I DO NOT give permission for photos of my child to be used by KMS

3. ALTERNATE DRIVERS

The following person(s) may pick up my child from school:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

CIVIL RIGHT INFORMATION COLLECTION 2010-2011

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Race:

- Caucasian
African American
Hispanic
Asian/Pacific Islander
Native American/Alaskan Native

Sex:

- Male
Female

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

EMERGENCY INFORMATION AND MEDICAL RELEASE 2010-2011

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1) Please list two persons authorized to assume care of my child in the unlikely event that I cannot be reached. If my child becomes ill at school, I understand that every effort will be made to contact me before releasing my child to these emergency contacts (please list two other than parents);

Authorized Person #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Authorized Person #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2) In the event of a medical emergency, I authorize the Kennebec Montessori School to have my child transported to the closest hospital and receive any treatment deemed necessary by the attending physician while efforts are made to reach me.

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Information:

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Known medical problems/conditions/illnesses: \_\_\_\_\_

Allergies: \_\_\_\_\_

Child is covered by private medical insurance program: \_\_\_\_ Yes \_\_\_\_ No

Insurance Company: \_\_\_\_\_

Certificate Number/Group Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Employer: \_\_\_\_\_

I understand that I will be fully responsible for all expenses resulting from the emergency treatment and /or transportation of my child.

\*Please use phone number(s) where you can be reached in the event of an emergency.

\_\_\_\_\_  
Parent/Guardian Signature PHONE\* \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature PHONE\* \_\_\_\_\_

**Note: Please attach a copy of your child's immunization record (required by the State).**