

Enrollment Application 2024-2025

June 10, 2024 - June 6, 2025



**Quemazon
Montessori**
School and Infant Care

Student Information:

Name of Child _____

Sex _____ Age _____ Birth Date _____

Residence:

Address _____ City _____ Zip _____

Home Telephone # _____ Cell Phone # _____

Family:

Father or Parent _____ Occupation _____

Place of Occupation _____

Work Address _____ City _____ Zip _____

Work Telephone # _____ Work Cell Phone # _____

Mother or Parent _____ Occupation _____

Place of Occupation _____

Work Address _____ City _____ Zip _____

Work Telephone # _____ Work Cell Phone # _____

Health Information:

Child's general health

Does your child have any allergies which require medical intervention?

Does your child have special needs (diet, learning challenges, speech delay, behavioral, etc)?

Additional information that would be useful for understanding your child

Emergency Information:

Two **in-town** emergency contacts, other than parents or guardian, with different phone #'s and addresses.

Name _____ Address _____

Telephone # _____ Cell Phone # _____

Name _____ Address _____

Telephone # _____ Cell Phone # _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

The following persons are authorized to pick up my child:

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Emergency Transport Authorization

In case of a medical emergency, I authorize Quemazon Montessori School to seek medical treatment for my child, to contact 911, and have my child transported to the nearest hospital.

Parent Signature _____ Date _____

Photograph Permission

I grant permission for Quemazon Montessori School to photograph my child for classroom purposes only. These photos will be used in my child's classroom and will not be distributed or used for any other purpose.

Parent Signature _____ Date _____

I decline and do not wish to have my child photographed (do not sign above)

Session, Program & Tuition

Child's Name _____

Instructions: Please choose from the options listed below.

- 1) Select the session—SUMMER, FALL, or both.
- 2) Select **one** core option (required) then and add additional extended care options as needed. The extended care options must align with the core option you selected.

SUMMER Session June 10, 2024 - August 2, 2024

FALL Session August 5, 2024 - June 6, 2025

Infant/Toddler (hours of operation 7:30-4:30 M-F) - building 1

Transition (hours of operation 7:30-5:30 M-F) - building 2

Infant/Toddler/Transition Core Program *or*
8:30-4:30 5 days M-F
\$1,335.

Infant/Toddler/Transition Core Program
8:00-4:00 5 days M-F
\$1,335.

Extended Care Option 1, 7:30-8:00 5 days M-F \$40

Extended Care Option 2, 8:00-8:30 5 days M-F \$40

Extended Care Option 3, 4:00-4:30 5 days M-F \$40

Transition Class Only Extended Care Option 4, 4:30-5:00 5 days M-F \$40

Transition Class Only Extended Care Option 5, 5:00-5:30 5 days M-F \$40

Early Childhood Program (hours of operation 7:30-5:30 M-F)

Early Childhood Core Program *or*
8:30-4:30 5 days M-F
\$1,225.

Early Childhood Core Program
8:00-4:00 5 days M-F
\$1,225.

Extended Care Option 1, 7:30-8:00 5 days M-F \$40

Extended Care Option 2, 8:00-8:30 5 days M-F \$40

Extended Care Option 3, 4:00-4:30 5 days M-F \$40

Extended Care Option 4, 4:30-5:00 5 days M-F \$40

Extended Care Option 5, 5:00-5:30 5 days M-F \$40