

# Enrollment Application 2024-2025

June 10, 2024 - May 30, 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 - May 30, 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