

SAINT JOSEPH MONTESSORI
CHILDREN'S CENTER

161 WEST DRIVE | P.O. BOX 44, NAZARETH, KY 40048
502.348.1540 | WWW.STJOSEPHMONTESSORI.ORG

ENROLLMENT FORM

Child Information Form

(first time students)

Enrollment Date ____/____/____

Withdrawal Date ____/____/____

Student's Name _____ Preferred Name _____

Date of Birth ____/____/____

Date of Application ____/____/____

Student's Age as of August 1, 201__ : _____ Gender _____

PARENT/GUARDIAN 1

Name _____

Email Address _____ @ _____

PARENT/GUARDIAN 2

Name _____

Email Address _____ @ _____

With whom is the child living?

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The following information will be used to work more effectively with your child.

1. We want to communicate with you effectively.
To what address should correspondence and email be sent:

Parent/Guardian 1 _____ Parent/Guardian 2 _____ Both _____

Other _____

2. Do you wish to have your name listed in our family directory?
(The directory is only distributed to current families.)
Yes _____ No _____

3. Are there any medications your child takes regularly?
Yes _____ No _____

Comments _____

4. Have any diagnostic evaluations (educational or psychological) ever been completed for your child?
Yes _____ No _____

If yes, a copy of the testing and evaluation must be sent to SJMCC prior to your child's first day of attendance.

Comments _____

5. Does your child have any allergies or sun sensitivities?
Yes _____ No _____

Comments _____

6. Does your child have any specific fears?
Yes _____ No _____

Comments _____

7. Has your child attended any other early childhood program?
Yes _____ No _____

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Comments _____

CHILD INFORMATION, CONTINUED

The following information will be used to work more effectively with your child.

8. Were there any transitional difficulties in the previous early childhood program?

Yes ____ No ____

Comments _____

9. Does your child have any siblings?

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

10. What is the primary language used in your home?

Is a secondary language used at home?

11. What is the method of discipline used in your home?

12. How does your child express concern?

13. What do you see as your child's greatest strengths?

14. What activities do you enjoy doing with your child?

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CHILD INFORMATION, CONTINUED

The following information will be used to work more effectively with your child.

15. How do you help foster your child's independence at home?

16. If my child has trouble falling asleep, I usually...

17. If there is a favorite toy or object that your child is attached to, please tell us about it.

18. My child's favorites:

Food(s) _____

Song(s) _____

Book(s) _____

Inside Activity _____

Outside Activity _____

19. Other people who have regular contact and are involved with my child's care:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

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20. What are your expectations/hopes for your child in our Montessori program?

21. Why would you like your child to attend SJMCC?

22. GENERAL INFORMATION

How did you learn about SJMCC?

Referral Name of person who referred you _____

Newspaper Alumni

Mailing Telephone Book

Open House Other

Relatives of friends that have attended SJMCC

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FAMILY INVOLVEMENT

A Montessori education is a partnership between the family and school in supporting each other. As a 501(c)3 non-profit organization, in addition to tuition, we must rely on fundraisers, events, and our Annual Fund to support our operational costs. Our expectation is for each family to participate in giving back to our school in ways that meet their ability. Do you have any hobbies, skills, talents, or interests that you would like to share with our children?

TUITION

The Attendance and Tuition Form gives information about rates for the school year. You may choose a tuition payment plan. This plan allows for automatic deductions from your bank account on the 5th or 20th of each month. If full payment of tuition, After School Care (ASC), or Extra Time amounts due is not received by the end of the month, your child will not be able to attend school or stay in ASC until the balance is paid in full.

I certify that all of the information on this form is correct and I authorize verification if needed. If information provided is found to be incorrect, I understand that this application will be declared invalid.

Parent/Guardian 1 Signature _____ Date ____ / ____ / _____

Parent/Guardian 2 Signature _____ Date ____ / ____ / _____

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ALLERGY NOTIFICATION FORM

My child, _____, has no known allergies.

or

My child, _____, has the following allergies:

Food/Environmental Allergies and Treatment

1. _____
Treatment: _____
2. _____
Treatment: _____
3. _____
Treatment: _____
4. _____
Treatment: _____
5. _____
Treatment: _____
6. _____
Treatment: _____

Other Special Instructions:

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STUDENT INFORMATION FORM

Student's Full Name _____

Age: _____ Date of Birth ____/____/____ Gender _____

PARENT/GUARDIAN 1

Name _____ Relationship _____

Home Address _____

Place of Employment _____

Home ____ - ____ - ____ Work ____ - ____ - ____ Cell ____ - ____ - ____

Email _____

PARENT/GUARDIAN 2

Name _____ Relationship _____

Home Address _____

Place of Employment _____

Home ____ - ____ - ____ Work ____ - ____ - ____ Cell ____ - ____ - ____

Email _____

EMERGENCY/DISASTER

When the above parent/guardian(s) cannot be reached in an emergency and/or cannot pick up in an emergency/disaster, the following individuals are authorized to pick up the child.

Name _____ **Relationship** _____

Home Address _____

Place of Employment _____

Home ____ - ____ - ____ Work ____ - ____ - ____ Cell ____ - ____ - ____

Email _____

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Name _____ Relationship _____
Home Address _____
Place of Employment _____
Home _____ - _____ - _____ Work _____ - _____ - _____ Cell _____ - _____ - _____
Email _____

Name _____ Relationship _____
Home Address _____
Place of Employment _____
Home _____ - _____ - _____ Work _____ - _____ - _____ Cell _____ - _____ - _____
Email _____

Name of person(s) with court ordered restricted access to the child:

1. _____
2. _____
3. _____

MEDICAL INFORMATION – QUICK REFERENCE

Known allergies to drugs, foods, etc.

Known activity/dietary restrictions

Medical conditions

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MEDICAL CONSENT FORM

I/We, the undersigned, have legal custody of _____, a student who is a minor, and have given our consent for him/her to attend Saint Joseph Montessori Children's Center (SJMCC). In the event of an emergency, disaster, and/or medical care is needed and I/we cannot be reached, I/we give my/our consent for medical and/or surgical treatment by our preferred doctor at our preferred facility for the aforementioned student. If our doctor is unavailable and/or the emergency transport deems time does not allow for travel to our preferred facility, the on-call doctor at the closest facility may give care.

Primary Physician	
Address	
Telephone	
Preferred Hospital	
Address	
ER Telephone	
Insurance Name	
Policy #	
Holder	

I understand and agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge still be in force for the student named above

Parent/Guardian 1 Name _____ Signature _____

Parent/Guardian 2 Name _____ Signature _____

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DISMISSAL AUTHORIZATION FORM

CHILD'S NAME: _____

USUAL DRIVER'S NAME: _____ DRIVER LICENSE # _____

CAR MAKE _____ MODEL _____ COLOR _____

If different from above

PARENT/GUARDIAN 1 _____ DRIVER LICENSE # _____

CAR MAKE _____ MODEL _____ COLOR _____

PARENT/GUARDIAN 2 _____ DRIVER LICENSE # _____

CAR MAKE _____ MODEL _____ COLOR _____

If an individual other than yourself (parent/guardian) and/or your child's usual driver will be picking your child up from school please list the additional individuals below.

FULL NAME	DRIVER'S LICENSE # OR LAST 4 DIGITS OF SOCIAL SECURITY #	DESCRIPTION OF PERSON	RELATIONSHIP TO CHILD	CAR MAKE, MODEL, COLOR

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Should you need to add more names after school begins, simply inform the school office of the additions.

STUDENT & FAMILY HANDBOOK ACKNOWLEDGMENT

We have read the Student & Family Handbook and agree to follow the school policies and procedures as stated.

Parent/Guardian 1 Signature _____

Parent/Guardian 1 Name _____

Parent/Guardian 2 Signature _____

Parent/Guardian 2 Name _____

FAMILY DIRECTORY RELEASE

_____ I/We agree to have my/our name, phone number, and address published in the Saint Joseph Montessori Children's Center Family Directory. My/our information as we would like to be listed is below:

Parent/Guardian 1 Name _____

Parent/Guardian 1 Phone, Address _____

Parent/Guardian 1 Spouse's Name _____

Parent/Guardian 1 Spouse's Phone _____

Parent/Guardian 2 Name _____

Parent/Guardian 2 Phone, Address _____

Parent/Guardian 2 Spouse's Name _____

Parent/Guardian 2 Spouse's Phone _____

PHOTO/VIDEO RELEASE

_____ I, the undersigned, hereby give permission for my son/daughter to be photographed or videotaped at Saint Joseph Montessori Children's Center (SJMCC). Furthermore, I give permission for any photo or video of my child at Saint Joseph Montessori Children's Center (SJMCC) or a SJMCC official function to be published on SJMCC's website, newsletters, printed publications, or other official SJMCC documents and/or publications.

_____ I, the undersigned, hereby give permission for my son/daughter to be photographed or videotaped at Saint Joseph Montessori Children's Center (SJMCC). Furthermore, I give permission for any photo or video of my child at SJMCC or a SJMCC official function to be published in a newspaper, a magazine, or other external publication. Please note that external organizations (like a newspaper) may also link any photo or video to their official social media accounts.

_____ I, the undersigned, hereby give permission for my son/daughter to be photographed or videotaped at Saint Joseph Montessori Children's Center (SJMCC). Furthermore, I give permission for any photo or video of my child at SJMCC or a SJMCC official function to be published on SJMCC's social media accounts (www.facebook.com/stjosephmontessori, www.pinterest.com/sjmontessori, and Instagram).

Child's Name _____ Date: _____

Parent/Guardian's Name: _____ Signature: _____

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**PERMISSION FORM
GENERAL**

From time to time, the staff of Saint Joseph Montessori Children's Center (SJMCC) may use the Sisters of Charity Nazareth (SCN) campus for activities like nature walks. These outings may be spontaneous and weather dependent. They do not involve mechanized transportation of any kind.

Please indicate below whether you wish your child to participate in such outings. If you do not want your child to participate, s/he will remain in the classroom building to continue working in the Montessori classroom where the administrative staff can monitor him/her.

Yes, please include my child in SJMCC's local outings on the SCN campus, under the supervision of SJMCC staff.

No, please do not include my child in SJMCC's local SCN outings.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

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**PERMISSION FORM
HAYRIDE FIELD TRIP**

I give my permission for _____ to attend
and participate in the following field trip:

ANNUAL HAYRIDE
SAINT JOSEPH MONTESSORI CHILDREN'S CENTER AND
SISTER'S OF CHARITY NAZARETH CAMPUS

The Annual Hayride occurs during the school day on a day in the Fall.
Families will be notified of the time and date upon publication of the 2018/2019 school calendar.

Cost
-0- dollars

If you would like to chaperone on the field trip, please indicate below:

___ Yes! I would like to chaperone this field trip.

In consideration of the making of arrangements for the trip by the school, I hereby release and save harmless the school for any and all liability, for any injuries, loss, or other claims arising or resulting from this field trip. I, the undersigned, authorize the bearer to obtain and authorize any medical treatment that may become necessary for my child while on the field trip.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

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PERMISSION FORM
CLASSROOM PETS

Dear Parents,

According to Kentucky's Childcare Regulations, we must have on file a written parental consent form in order to maintain classroom pets. Saint Joseph Montessori Children's Center currently houses 1 bird and their birdcage in the Montessori Building and a Snail. This includes Scala Poplar and the After School Care area.

Sincerely,
Saint Joseph Montessori Children's Center Staff

922 KAR 2:120 Child-care Center health and safety standards

Section 13. Animals

(1) An animal shall not be allowed in the presence of a child in care:

(a) Unless:

- a. The animal is under the supervision and control of an adult;
- b. Written parental consent has been obtained; and
- c. The animal is certified as vaccinated against rabies; or

(b) Except in accordance with subsection (3) of this section.

(2) A parent shall be notified in writing if a child has been bitten or scratched by an animal.

(3) An animal that is considered undomesticated, wild, or exotic shall not be allowed at a child-care center unless the animal is:

(a) a part of a planned program activity lead by an animal specialist affiliated with a zoo or nature conservatory.

I, _____ (Parent/Guardian) acknowledge that I have been

informed that _____ (my child)'s classroom houses several pets.

Parent/Guardian Signature _____

Date _____

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ATTENDANCE AND TUITION FORM

Student's Name: _____

Student's Age as of August 1, 20__ : _____

Requested Attendance Times: Half Day _____ a.m. to _____ p.m.
Full Day _____ a.m. to _____ p.m.

2020-2021 TUITION

10 MONTHLY PAYMENTS FOR 175 INSTRUCTIONAL DAYS

SCHEDULES	HALF-DAY 7:30 a.m. – 12:00 p.m.	FULL-DAY 7:30 a.m. – 3:30 p.m.
	\$400/month	\$600/month

- Hours of operation: 7:30 a.m. – 6:00 p.m., Monday through Friday
- 7:30 a.m. – 8:00 a.m. is Early Care
- 8:00 a.m. – 3:30 p.m. is the School Day
- 3:30 p.m. – 6:00 p.m. is After-School Care
- SJMCC programs are offered for students who are 32 months of age to 6 years of age.
- Pre-kindergarten and Kindergarten programs are 5 days a week.
- Kindergarten students are required to attend the full-day schedule.
- Monthly tuition is paid by automatic withdrawal over a 10 month payment plan from August 2018 through May 2019 for 175 instructional days.

SIBLING DISCOUNT

- For siblings attending SJMCC at the same time 10% discount for the second child will be given.

PRE-REGISTERED AFTER-SCHOOL CARE

- After-School Care can be registered for at the beginning of the school year or 48 hours prior to the first of the month.
- Pre-registered after-school care is \$25/30 minutes/month

3:30-4:00	4:00-4:30	4:30-5:00	5:00-5:30	5:30-6:00
\$25	\$25	\$25	\$25	\$25

EXTRA TIME

- Non-pre-registered extra time is available on a first-requested, first-served basis (as capacity and teacher ratio allows). Please make every effort to give 48 hour notice so that we can provide appropriate staffing.
- Extra Time is billed from SJMCC at the end of the month.
- Extra Time is billed at a rate of \$5.00 per hour after paid tuition and after the Pre-Registered ASC ends.
- If 5 minutes or more late, please note, after your Extra Time hour, you will be billed for the following hour.

FINANCIAL ASSISTANCE

- Financial assistance may be available for qualified families.
- Financial assistance is funded through a grant from the Sisters of Charity of Nazareth and donations.

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AUTHORIZATION AGREEMENT FOR
PREAUTHORIZED PAYMENTS

STUDENT'S NAME: _____

Pre-School _____ Kindergarten _____

Saint Joseph Montessori is an organization within the Basilica of Saint Joseph Proto-Cathedral. The business office at the Basilica of Saint Joseph Proto-Cathedral makes all final deposits.

I hereby authorize Saint Joseph Church to initiate debit entries to my checking account indicated below and the depository named below to debit the same to such account.

Depository/Bank Name _____

Bank Transit/Routing #/ABA # _____ Account # _____

Amount per month \$ _____

Day of month funds will be withdrawn (choose one)

___ 5th of each month ___ 20th of each month

I authorize the payments to be withdrawn beginning in the month of _____
The Saint Joseph Montessori school year is August-May.

This authority is to remain in full force until the tuition obligation for Saint Joseph Montessori Children's Center has been fulfilled or Saint Joseph Parish has received written notification from I, the undersigned, of its termination in such time and in such manner as to afford Saint Joseph Parish a reasonable opportunity to act on it.

Printed Name _____

Signature _____ Date ____/____/____

Please attach a copy of a voided check in order to ensure accuracy. # _____

Special Notes regarding school schedule:

