

2010 - 2011  
RIVERBEND ENROLLMENT FORM

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age on Sept. 1, 2010 \_\_\_\_\_ Sex \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation & Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation & Employer \_\_\_\_\_

E-mail address for school notes \_\_\_\_\_

Father's Business Phone \_\_\_\_\_ Mother's Business Phone \_\_\_\_\_

Cellular Phones Father's \_\_\_\_\_ Mother's \_\_\_\_\_

Friend who can be called in case of an emergency:

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

Address of Friend \_\_\_\_\_

Are parents divorced? \_\_\_\_\_ Who has custody? \_\_\_\_\_

Parent's special interests \_\_\_\_\_

Would you be interested in speaking to the classes about your occupation or special interest? \_\_\_\_\_

Brothers and sisters of the child:

	<u>Name</u>	<u>Age</u>	<u>School</u>	<u>Grade</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Relatives or others living in the home:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Language(s) other than English spoken in the home \_\_\_\_\_

Is your child able to speak and understand English? \_\_\_\_\_

## Medical History

Is there a long-term medical condition for which your child is now being, or has been, treated?

\_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

What medication does your child take regularly? \_\_\_\_\_

List foods your child is not allowed to have, please include marshmallows, gelatins, gummy candies, etc.: \_\_\_\_\_

Has your child had vision problems? \_\_\_\_\_

Does your child have frequent ear infections? \_\_\_\_\_

Does your child have tubes in his/her ears? \_\_\_\_\_

Does your child ask "What?" often? \_\_\_\_\_

Does your child listen to the television on a high volume? \_\_\_\_\_

Has your child had a speech exam? \_\_\_\_\_ Results: \_\_\_\_\_

Has your child ever had a neurological exam? \_\_\_\_\_ If so, where and when? \_\_\_\_\_  
\_\_\_\_\_ Results: \_\_\_\_\_

Is your child allergic to anything? \_\_\_\_\_ If so, please specify both the items and necessary treatment: \_\_\_\_\_

List all surgeries, injuries, and hospitalizations:

Date

Incidents

## Personality Assessment

Describe your child's special interests: \_\_\_\_\_

Describe any unusual behavior: \_\_\_\_\_

Student Information

How did you learn about Riverbend? If through a friend, please tell us the family's name.

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Why have you chosen Riverbend? \_\_\_\_\_

Why do you think Montessori will be beneficial to your child? \_\_\_\_\_

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Through what level or grade will your child attend Riverbend? \_\_\_\_\_

What school (or type of school) do you plan to send your child to when he/she leaves Riverbend? \_\_\_\_\_

What other schools has your child attended and at what age? \_\_\_\_\_

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May we contact these schools? \_\_\_\_\_

What immediate goals do you have for your child's academic, social, and emotional development? \_\_\_\_\_

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Are there any areas that concern you regarding your child's academic progress? If so, please explain. \_\_\_\_\_

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Are there any areas of concern regarding your child's social development?

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Is there any information about your child that might be helpful in making a classroom assignment? \_\_\_\_\_

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

Please indicate below the session to which you are applying by putting a 1 by your first choice. If you are willing to accept a different time slot in your child's age, put a 2 by your second choice, etc.

**TUITION**

<b>Transitional Class (18 months through 36 months)</b>		<b>Yearly</b>	<b>10 Payments</b>
_____	Tues., Wed., Thurs. 9:10 am to 11:50 am	\$6,000	\$600
_____	Tues., Wed., Thurs. 9:10 am to 3:15 pm	\$7,200	\$720
_____	Monday to Friday 9:10 am to 11:50 am	\$6,300	\$630
_____	Monday to Friday 9:10 am to 3:15 pm	\$7,500	\$750

**3 Years to 6 Years Class** (Child must be fully toilet trained to attend a 3-6 class)

**Primary One Class**

_____	Half day Mon. to Fri. 9:00 am to 12:00 pm	\$5,750	\$575
_____	All day Mon. to Fri. 9:00 am to 3:15 pm	\$7,300	\$730

**Primary Two Class**

_____	Half day Mon. to Fri. 9:00 am to 12:00 pm	\$5,750	\$575
_____	All day Mon. to Fri. 9:00 am to 3:15 pm	\$7,300	\$730
_____	Kindergarten * Mon. to Fri. 9:00 am to 3:15 pm	\$7,300	\$730

(Indicate which Primary class for a student who is 5 before September 1<sup>st</sup>)

**Elementary**

_____	Elementary * 1 <sup>st</sup> -3 <sup>rd</sup> Grade 8:45 am to 3:45 pm	\$7,750	\$775
_____	Elementary * 4 <sup>th</sup> -6 <sup>th</sup> Grade 8:45 am to 3:45 pm	\$7,950	\$795

There is a \$50 non-refundable testing fee for students not currently enrolled in Riverbend, who are applying for Elementary. Payment of this testing fee does not guarantee admission.

\* A yearly activity fee of \$450 for Kindergarten and Elementary students is paid per semester per child in the amount of \$225.00 each semester. This fee is due in August and January of the school year.

**Extra Hours** Before and after school hours are available for Riverbend students enrolled in the 3-6 and Elementary class.

_____	7:00 am to 9:00 am	\$60	per month	^ There is a \$1 per minute per child late fee for pick-up after 5:30 pm.
_____	3:15 pm to 5:30 pm	\$115	per month	

**Registration and Security Deposit**

There is a yearly registration fee of \$175 per student and \$200 per family with 2 or more siblings. This fee is due at the time of the application, and once a space is offered and accepted, the fee becomes **non-refundable**. A security deposit equal to one-half of one month's tuition is due by May 17, 2010, and it is **non-refundable**. During the 2010-2011 school year, if you provide one month's written notice of withdrawal, the deposit will be applied to any outstanding tuition with the balance returned, otherwise it will be applied to May tuition.

Tuition may be paid in one yearly payment or in ten equal installments starting in August and continuing each month through May. Parents agree and understand that they are responsible for the entire monthly payment, regardless of the number of days absent. A fee of \$5.00 will be charged on all returned checks. Payments received after the 16<sup>th</sup> of the month for 2 or more months will be charged a late fee of \$10.00.

A \$10 late pick up fee will be assessed after the last car in the line up has left for students who are to be picked up at noon. Students who are to be picked up in the afternoon will be charged the afterschool care fee.

All children new to Riverbend are admitted for a provisional period of six weeks.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

REG. CHECK \_\_\_\_\_ SECURITY DEPOSIT \_\_\_\_\_ DATE REC'D \_\_\_\_\_ DOA \_\_\_\_\_