

2012 - 2013
RIVERBEND ENROLLMENT FORM

Date _____

Child's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age on Sept. 1, 2012 _____ 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? _____

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

Describe your child's special interests: _____

Describe any unusual behavior: _____

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

Why have you chosen Riverbend? _____

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

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? _____

May we contact these schools? _____

Describe a childhood experience that has made you the successful person you are today:

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

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

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

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

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

Transitional Class (18 months through 36 months)		Yearly	10 Payments
_____	Tues., Wed., Thurs. 9:10 am to 11:50 am	\$6,400	\$640
_____	Tues., Wed., Thurs. 9:10 am to 3:15 pm	\$7,600	\$760
_____	Monday to Friday 9:10 am to 11:50 am	\$6,700	\$670
_____	Monday to Friday 9:10 am to 3:15 pm	\$7,900	\$790

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	\$6,100	\$610
_____	All day Mon. to Fri. 9:00 am to 3:15 pm	\$7,700	\$770

Primary Two Class

_____	Half day Mon. to Fri. 9:00 am to 12:00 pm	\$6,100	\$610
_____	All day Mon. to Fri. 9:00 am to 3:15 pm	\$7,700	\$770
_____	Kindergarten * Mon. to Fri. 9:00 am to 3:15 pm	\$7,700	\$770

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

Elementary

_____	Elementary * 1 st -3 rd Grade 8:45 am to 3:45 pm	\$8,200	\$820
_____	Elementary * 4 th -6 th Grade 8:45 am to 3:45 pm	\$8,350	\$835

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 15, 2012, and it is **non-refundable**. During the 2012-2013 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 \$10.00 will be charged on all returned checks. Payments received after the 16th 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 after school 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 _____