



2018 - 2019  
ENROLLMENT FORM – TRANSITION CLASS ONLY

Date \_\_\_\_\_

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

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

Date of Birth \_\_\_\_\_ Age on Sept. 1, 2018 \_\_\_\_\_ Sex \_\_\_\_\_

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

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

E-mail address for school notes and Parents Facebook Group \_\_\_\_\_

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

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

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

Emergency Contact:

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

Address \_\_\_\_\_

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 (NOT allergy related), 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 describe the allergy 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? \_\_\_\_\_  
\_\_\_\_\_

## Financial Agreement

**TUITION** – Please initial your agreement.

		<u>Annual</u>	<u>Monthly</u>
<b>Transition</b>	18 months - 3 years old (Child <b>is not</b> required to be fully toilet trained to attend the Transition class.)		
<b>3 DAYS PER WEEK</b>	(TUES,WED,THURS)		
____ Half day	9:10 am to 12:00 pm	\$6790	\$679
____ All day	9:10 am to 3:00 pm	\$8160	\$816
<b>5 DAYS PER WEEK</b>	(MON-FRI)		
____ Half day	9:10 am to 12:00 pm	\$7650	\$765
____ All day	9:10 am to 3:00 pm	\$8520	\$852

### **Additional Fees:**

Parents are required to purchase a Nap Sack for all transition children who are full day students. Nap Sacks can be purchased through the front office at the beginning of the school year.

**Extra Hours: Before and after school care is available for Riverbend students once, they turn 3 and fully potty trained.**

\_\_\_\_ 7:00 am to 9:00 am \$70 per month  
\_\_\_\_ 3:15 pm to 5:30 pm \$120 per month

^ There is a \$1 per minute per child  
late fee for pick-up after 5:30 pm.

### **School Year Commitment**

\_\_\_\_ It is my intention to enroll my child for the complete school year, unless there are significant reasons for early withdrawal from school.

\_\_\_\_ I understand that early withdrawal procedures are in the Parent Handbook and will have financial consequences.

\_\_\_\_ I understand that once my child is offered a place at Riverbend Montessori, this completed enrollment form secures my child's admission and creates an assumed financial responsibility for the entire school year.

### **Registration and Security Deposit**

\_\_\_\_ I have enclosed my yearly registration fee of \$175 or \$200 per family with two or more siblings.

\_\_\_\_ I agree that this fee is due with the application, and once a space is offered and accepted, the fee becomes **nonrefundable**.

\_\_\_\_ I understand that a security deposit equal to one-half of one month's tuition is due immediately, and it is **nonrefundable**.

\_\_\_\_ I agree that during the 2018-2019 school year, if I provide one month's written notice of withdrawal, the security deposit will be applied to any outstanding tuition with the balance returned; otherwise, it will be applied to May 2019 tuition.

\_\_\_\_ I understand that tuition may be paid in one yearly payment or in ten equal installments, August through May.

\_\_\_\_ I agree that I am responsible for the entire monthly payment, regardless of the number of days absent.

\_\_\_\_ I understand that a fee of \$20.00 will be charged on all returned checks.

\_\_\_\_ I understand that a \$10 fee will be assessed for tuition paid after the 16<sup>th</sup> of the month.

\_\_\_\_ I understand that a \$10 late pick up fee will be assessed after the last car in the lineup has left for half day students. Full day students will be charged the after school care fee after the last car in the lineup has left.

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

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