

# Sugar Creek Montessori School

www.sugarcreekmontessori.com

(circle program and day options)

3 DAYS 5 DAYS M T W Th F

•Explorer •Toddler •Transition •PrePrimary •KG •ELEM

HALF EXT. ALL  
DAY DAY DAY

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## ENROLLMENT RECORD

Enrollment Date: \_\_\_\_\_ 20 \_\_\_\_

Starting Date: \_\_\_\_\_ 20 \_\_\_\_

Child's Full Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Last \_\_\_\_\_ Age \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

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

Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Child's Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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## NAMES OF PERSONS AUTHORIZED TO PICK UP THE CHILD

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ TDL# \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Home Office

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ TDL# \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Home Office

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ TDL# \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Home Office

## NAMES OF PERSONS IN CASE WE CAN'T REACH THE PARENTS

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ TDL# \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Home Office

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ TDL# \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Home Office

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**PERSONAL RECORD**

**Father's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_ TDL# \_\_\_\_\_

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

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Hours \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Pager # \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_ TDL# \_\_\_\_\_

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

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Hours \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Pager # \_\_\_\_\_

**List names and ages of siblings** \_\_\_\_\_

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Is the child toilet trained?  Yes  No

Does the child take a nap?  
(Children under 5 are required to take a nap)  Yes  No

Does the child have any special physical  
or emotional problem?  Yes  No

If Yes, of what nature? \_\_\_\_\_

Is your child receiving any type of treatment  
or medication regularly?  Yes  No

Does your child have any **allergies**? \_\_\_\_\_

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Has your child attended any other pre-school?  Yes  No

If yes, which one(s)? \_\_\_\_\_ For how long? \_\_\_\_\_

How did you learn about our school? \_\_\_\_\_

What do you expect from Montessori education for your child? \_\_\_\_\_

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Please read the following:

1.

1. (a) **ACADEMIC YEAR REGISTRATION / RE-REGISTRATION FEES** are non-refundable.
  - (b) **TUITION FEE** is payable by the 3<sup>rd</sup> business day of the month (after which time late fees will be assessed) and is non-refundable once your child starts the month.
  - (c) **SECURITY DEPOSIT** is refundable with **One (1) Months' written notice of withdrawal** while your child is **STILL IN ATTENDANCE** at school.
  - (d) **HOLIDAYS** – The tuition fee is **NOT PRORATED** if you go on vacation or your child is sick or the school is closed due to holidays.
  - (e) **ACADEMIC SUPPLY FEE** is non-refundable.
  - (f) **SECURITY DEPOSIT and ACADEMIC SUPPLY FEE MUST BE PAID IN FULL** before your child enters the classroom.
2. I understand that my child is entering Sugar Creek Montessori School for the first time, his/her **enrollment is provisional for the initial 6 weeks period** during which his/her readiness for the adaptability to the Montessori Classroom will be determined.

**I HAVE READ AND UNDERSTOOD THE POLICIES ABOVE.**

\_\_\_\_\_  
Signature of Parent or Guardian

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**OFFICE USE ONLY**

Registration Check # \_\_\_\_\_ Date \_\_\_\_\_

Security Check # \_\_\_\_\_ Date \_\_\_\_\_

Supplies Fee Check# \_\_\_\_\_ Date \_\_\_\_\_

Notes \_\_\_\_\_

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Please write in any comments which will help us to better understand your child:

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**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

I hereby authorize the staff and Director, representing Sugar Creek Montessori School, to give consent for any and all necessary emergency medical treatment for my child (child's name) \_\_\_\_\_ while in the said individual's custody and agree to reimburse any expense for medical care incurred on behalf of my child.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

**PERMISSIONS**

My child (PrePrimary children or older) has my permission to be transported by Sugar Creek Montessori School on field trips, by bus or car driven by Sugar Creek Montessori School's Director, employee or voluntary parent. The undersigned agrees to indemnify Sugar Creek Montessori School, its Director, employee or voluntary parent against any claims or demands made by or on behalf of (child's name) \_\_\_\_\_ in case of injury or fatality.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

In consideration of acceptance of my child (child's name) \_\_\_\_\_ as a student at Sugar Creek Montessori School, the undersigned agrees to indemnify Sugar Creek Montessori School, its Director and employees against any claims or demands made by or on behalf of (child's name) \_\_\_\_\_.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

My child has my permission to participate in our SPLASH DAY activities which will be held during the summer months.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian