EAST AVRORA MONTESSORI
A LIFE LONG LOVE OF LEARNING
46 GREY STREET
EAST AVRORA, NY 14052
716.652.5072

Date of Application:_____

**Program Enrollment**

| | |
|---|---|
| **Toddler** | ❑ Mon. Wed. Fri. 9:00 - 11:00 |
| **Preschool** | ❑ Mon. - Fri. 9:00 - 11:30 |
| **Kindergarten/K+** | ❑ Half Day<br>❑ Full Day |

# EAST AVRORA MONTESSORI APPLICATION

Child's Name:_____ Gender: (M) (F)

Address:_____

Home Phone:_____ Birthday:_____

Email: _____

## PARENT/GUARDIAN INFORMATION

Name:_____ Name:_____

Relationship to Child:_____ Relationship to Child:_____

Address_____ Address:_____
(if different from above):

_____ _____

Home Phone:_____ Home Phone:_____

Place of Employment: _____ Place of Employment: _____

Work Phone:_____ Work Phone:_____

## PERSONS AUTHORIZED TO PICK UP CHILD

Name:_____ Name:_____

Phone:_____ Phone:_____

## EMERGENCY CONTACT

Name:_____ Phone:_____

## FOOD ALLERGIES AND MEDICAL CONDITIONS

_____

## CHILD'S SIBLINGS & BIRTHDATES

_____

The signature below indicates that the handbook has been read and that non-compliance to school policy will terminate enrollment in East Aurora Montessori School.

Parent/Guardian Signature:_____Date:_____

This Application must be accompanied by a $100.00 Non-Refundable Fee.

*(Please fill out Enrollment Contract on reverse side)*

# ENROLLMENT CONTRACT

The following contractual agreement is entered into by and between East Aurora Montessori School (herein referred to as "school") and the parents or legal guardians (herein referred to as "parents" of :

_____(Child)

## FOR MUTUAL CONSIDERATION IT IS AGREED

* The school accepts the child as a student for the school year commencing on _____(date), and ending on _____(date).

* Parents agree to pay to the school tuition of _____ per year.

* The registration fee of _____is due with the application and is non-refundable.

* Parents agree to pay tuition: (Check one)

  ❑ By the year, due August 1st, in the amount of _____ .

  ❑ By the semester, due Aug./ Jan., in the amount of _____ .

  ❑ By the month, beginning August 1st, due the first day of each month, in the amount of _____ .

* The school reserves the right to terminate the child's participation in the school at any time upon notification of parents.

* Should any payment be delinquent for a period of 15 days, a late fee of 10% of the amount due will be assessed. If payment is not received within 15 days after notification of delinquency, the school may terminate the child's enrollment. A charge of $20.00 will be levied for any check returned for insufficient funds.

* Parents acknowledge that the school assumes no responsibility for the transportation of the child to and from school.

* Your signature below indicates that you agree to release East Aurora Montessori Inc., and the owners, directors, teachers and staff from any liability for injuries or illnesses resulting from conditions or circumstances beyond their control.

Signature:_____ Date: _____

* I hereby authorize hospitalization and emergency medical treatment of my child in the event neither I nor the emergency contact person can be reached in a reasonable period of time.

Signature:_____ Date: _____

EAST AURORA MONTESSORI INC.

Signature:_____ Date: _____

# EAST AURORA MONTESSORI MEDICAL REPORT

CHILD'S NAME: _____

BIRTHDATE: _____ DATE OF EXAMINATION: _____

IMMUNIZATIONS (PLEASE GIVE DATE(S)):

DPT _____

HEPATITIS B (3 DOSES) _____, _____, _____

HIB VACCINE _____

VARICELLA _____

POLIO _____

MMR _____

TUBERCULIN TEST (TYPE AND RESULTS) _____

1. ARE THERE ALLERGIC PROBLEMS? _____ YES _____ NO

   IF YES, SPECIFY: _____

2. IS A SPECIAL DIET REQUIRED? _____ YES _____ NO

   IF YES, SPECIFY: _____

3. IS MEDICATION REGULARLY TAKEN? _____ YES _____ NO

   IF YES, SPECIFY: _____

4. ARE THERE ANY CONDITIONS REQUIRING SPECIAL ATTENTION BY THE SCHOOL? _____ YES _____ NO

   IF YES, SPECIFY: _____

LIST ANY SPECIAL RECOMMENDATIONS ABOUT CHILD'S HEALTH (USE REVERSE IF NEEDED): _____

_____

_____

NAME OF PHYSICIAN: _____ PHYSICIAN SIGNATURE: _____

ADDRESS: _____ PHONE: _____

HOSPITAL NAME AND #: _____

MAY EMERGENCY MEDICAL ATTENTION BE ADMINISTERED BEFORE PARENT ARRIVES? _____ YES _____ NO

PARENT SIGNATURE: _____