

**20 – 20 ENROLLMENT APPLICATION – Montessori School**

(\$75 fee MUST accompany Application to NESM Office – One time fee per Montessori Program Level)

Check applicable program/s:

**PLEASE ATTACH  
CURRENT PHOTO**

**Elem. Full Day**  **ELI: 6 – 9yrs.**  **ELII: 9 -12 yrs.**

9:00 a.m. – 3:30 p.m.

**Primary (3 – 6 Years):**  3 T,W,Th or  5 day option for three-year old children (HOS Approval Required)

Half Day:  AM Session: 9:00 a.m. – 12:00 p.m.  PM Session 12:00 p.m. – 3:30 p.m.

Additional Afternoons (for AM Session-enrolled Only) Add:  Mon.  Tue.  Wed.  Thu.  Fri.

Lunch Add-on (for AM Session-enrolled Only) 5 Day Option Only.

Full Day:  9:00 a.m. – 3:30 p.m.

**Toddler (18 Mo. – 3 Years) 5 Days/Week – See Tuition Contract for Toddler 2 or 3 Day Options:**

Half Day:  AM Session: 9:00 a.m. – 12:00 p.m.  PM Session 12:00 p.m. – 3:30 p.m.

Additional Afternoons (for AM Session-enrolled Only) Add:  Mon.  Tue.  Wed.  Thu.  Fri.

Lunch Add-on (for AM Session-enrolled Only) 5 Day Option Only.

Full Day:  9:00 a.m. – 3:30 p.m.

Child's Name: _____	Age: _____	D.O.B: _____	Sex: _____
Family Name: _____			
Home Address: _____			
City: _____	State: _____	Zip: _____	
Home Telephone: _____			
Emergency Medical Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____			
Father's Name: _____		Profession: _____	
Business Name: _____		Telephone: _____	
Cellular phone: _____		Email: _____	
Business Address: _____			
City: _____	State: _____	Zip: _____	

Additional Home address for: \_\_\_\_\_ Tele: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: _____	Profession: _____
Business Name: _____	Telephone: _____
Cellular phone: _____	Email: _____
Business Address: _____	
City: _____	State: _____ Zip: _____

Marital Status of Parents: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated. Names and ages of brothers and/or sisters: _____
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian

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

Date: \_\_\_\_\_ Expected First Day of School: \_\_\_\_\_

**BE ADVISED, AN UPDATED MEDICAL REPORT AND IMMUNIZATION RECORDS FROM CHILD'S PHYSICIAN IS DUE WITH ENROLLMENT PAPERWORK (FORTHCOMING).**

How did you originally hear about **NEW ENGLAND SCHOOL OF MONTESSORI**? \_\_\_\_\_  
Please explain briefly why you wish to enroll your child in New England School of Montessori?  
\_\_\_\_\_.

OFFICE USE ONLY	Payment: \$	Pmt. Type:	Date:
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**New England School of Montessori**

**20\_\_ – 20\_\_ ENROLLMENT APPLICATION – Before & After School Program**

*(\$25 fee must accompany application to NESM office)*

**Check applicable Before & After School Program Annual Options:**

- Before School (BS): 7:30 a.m. – 8:45 a.m. – Annual \$1,350
- Late Session I (LSI): Between 3:30 – 5:00 PM – Annual \$1,150 - Assessed Late Fee = \$15 (after 5pm)
- Late Session II (LSII): Between 3:30 – 6:00 PM - Annual \$2,050 - Assessed Late Fee = \$25 (after 6pm)
  - \*4 Days/week – BS = \$1,080, LSI = \$920, LSII = \$1,640
  - \*3 Days/week – BS = \$810, LSI = \$690, LSII = \$1,230
  - \*2 Days/week – BS = \$540, LSI = \$460, LSII = \$820
  - 1 Day/week Drop-in Rate – Pay as you go – Child **MUST** be enrolled in the Program  
Payment due on last day of month and is based on usage as shown on NESM Attendance:
    - 7:30 – 9:00 AM = \$12
    - 3:30 – 5:00 PM = \$8.00
    - 3:30 – 6:00 PM = \$15.00

**\*\*Rates based on annual payments – See Tuition Rate Sheet for monthly figures**

**AFTER SCHOOL Payments must be deposited into the locked box at the school no later than the first day of the upcoming month. Cash must be placed into a labeled envelope, with name, date and amount; checks may be dropped directly into box.**

Box #1 is located just outside the Back Entry Door near Disability Ramp

Box #2 is located just inside the School's Front Entry Door

Child's is currently enrolled and records are on file at New England School of Montessori (**Sign below, no need to fill in form**) Attach \$25 Application Fee.

Child's Name: _____ Age: _____ D.O.B: _____ Sex: _____
Family Name: _____
Signature: _____ Start Date: _____

OFFICE USE ONLY	Payment: \$	Pmt. Type:	Date:
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