SAINT JOSEPH MONTESSORI
CHILDREN'S CENTER
300 WEST JOHN FITCH AVE BARDSTOWN, KY 40004
502.203.3510 WWW.STJOSEPHMONTESSORI.ORG

ENROLLMENT FORM

Child Information Form

(first time students)

Enrollment Date_____/_____/_____ Withdrawal Date_____/_____/_____

Student's Name _____ *Preferred Name* _____

Date of Birth _____ / _____ / _____ Date of Application _____ / _____ / _____

Student's Age as of August 1, 20__:_____ Gender _____

PARENT/GUARDIAN 1

Name _____

Email Address _____@_____

PARENT/GUARDIAN 2

Name _____

Email Address _____@_____

With whom is the child living?

_____

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The following information will be used to work more effectively with your child.

1. We want to communicate with you effectively.
   To what address should correspondence and email be sent:

Parent/Guardian 1 _____ Parent/Guardian 2 _____ Both _____

Other _____

2. Do you wish to have your name listed in our family directory?
   (The directory is only distributed to current families.)
   Yes____ No____

3. Are there any medications your child takes regularly?
   Yes____ No____

Comments _____
_____
_____

4. Have any diagnostic evaluations (educational or psychological) ever been completed for your child?
   Yes____ No____
   If yes, a copy of the testing and evaluation must be sent to SJMCC prior to your child's first day of attendance.

Comments _____
_____
_____

5. Does your child have any allergies or sun sensitivities?
   Yes____ No____

Comments _____
_____
_____

6. Does your child have any specific fears?
   Yes____ No____

Comments _____
_____
_____

7. Has your child attended any other early childhood program?
   Yes____ No____

Comments _____
_____
_____

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CHILD INFORMATION, CONTINUED

The following information will be used to work more effectively with your child.

8. Were there any transitional difficulties in the previous early childhood program?
   Yes____ No____

Comments _____
_____
_____

9. Does your child have any siblings?

Name _____ Age _____
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

10. What is the primary language used in your home?

_____

Is a secondary language used at home?

_____

11. What is the method of discipline used in your home?

_____
_____
_____
_____

12. How does your child express concern?

_____
_____

13. What do you see as your child's greatest strengths?

_____
_____
_____

14. What activities do you enjoy doing with your child?

_____
_____
_____

CHILD INFORMATION, CONTINUED

The following information will be used to work more effectively with your child.

15. How do you help foster your child's independence at home?

_____
_____
_____
_____

16. If my child has trouble falling asleep, I usually…

_____
_____
_____

17. If there is a favorite toy or object that your child is attached to, please tell us about it.

_____
_____
_____

18. My child's favorites:

Food(s) _____

Song(s) _____

Book(s) _____

Inside Activity _____

Outside Activity _____

19. Other people who have regular contact and are involved with my child's care:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

20. What are your expectations/hopes for your child in our Montessori program?

_____
_____
_____
_____

21. Why would you like your child to attend SJMCC?

_____
_____
_____
_____
_____

22. GENERAL INFORMATION

How did you learn about SJMCC?

___ Referral Name of person who referred you _____

___ Newspaper ___ Alumni

___ Mailing ___ Telephone Book

___ Open House ___ Other

Relatives of friends that have attended SJMCC:

_____
_____

FAMILY INVOLVEMENT

A Montessori education is a partnership between the family and the school. As a 501(c)(3) nonprofit organization, SJMCC relies on tuition, fundraisers, special events, and our Annual Fund to help support operating expenses and the continued success of our school.

Each family is expected to participate in and support our annual fundraising efforts in a way that is appropriate to their ability. The success of SJMCC depends on the involvement and support of our entire school community, and every family has a part to play.

We also welcome families to share their hobbies, skills, talents, and interests with our children. Please let us know if there is something you would enjoy sharing with our classrooms or school community.

_____

_____

TUITION

The Attendance and Tuition Form gives information about rates for the school year. You may choose a tuition payment plan. This plan allows for automatic deductions from your bank account on the 5th or 20th of each month. If full payment of tuition, After School Care (ASC), or Extra Time amounts due is not received by the end of the month, your child will not be able to attend school or stay in ASC until the balance is paid in full.

I certify that all of the information on this form is correct and I authorize verification if needed. If information provided is found to be incorrect, I understand that this application will be declared invalid.

Parent/Guardian 1 Signature _____ Date ____ / ____ / _____

Parent/Guardian 2 Signature _____ Date ____ / ____ / _____

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ALLERGY NOTIFICATION FORM

My child,_____, has no known allergies.

or

My child, _____, has the following allergies:

Food/Environmental Allergies and Treatment

1. _____
   Treatment: _____
2. _____
   Treatment: _____
3. _____
   Treatment: _____
4. _____
   Treatment: _____
5. _____
   Treatment: _____
6. _____
   Treatment: _____
   _____

Other Special Instructions:

_____
_____
_____
_____
_____
_____

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STUDENT INFORMATION FORM

Student's Full Name _____

Age: _____ Date of Birth ____/____/____ Gender _____

PARENT/GUARDIAN 1

Name _____Relationship _____

Home Address _____

Place of Employment_____

Home ___-___-_____ Work ___-___-_____ Cell ___-___-_____

Email _____

PARENT/GUARDIAN 2

Name _____Relationship _____

Home Address _____

Place of Employment_____

Home ___-___-_____ Work ___-___-_____ Cell ___-___-_____

Email _____

EMERGENCY/DISASTER

When the above parent/guardian(s) cannot be reached in an emergency and/or cannot pick up in an emergency/disaster, the following individuals are authorized to pick up the child.

Name _____Relationship _____
Home Address _____
Place of Employment_____
Home ___-___-_____ Work ___-___-_____ Cell ___-___-_____
Email _____

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Name _____ Relationship _____
Home Address _____
Place of Employment _____
Home ___-___-_____ Work ___-___-_____ Cell ___-___-_____
Email _____

Name _____ Relationship _____
Home Address _____
Place of Employment _____
Home ___-___-_____ Work ___-___-_____ Cell ___-___-_____
Email _____

MEDICAL INFORMATION – QUICK REFERENCE

Known Allergies to Drugs, Foods, or Other Substances

Please list **all known allergies** below. Parents/guardians must also notify SJMCC administration directly of any known allergies **before the child attends school**, even if the allergy is listed on this enrollment form.

Medical documentation and an **SJMCC Allergy Care Plan** may be required for a known allergy. Parents/guardians are responsible for promptly notifying SJMCC administration of any changes to their child's allergies, medications, or allergy-related needs.

ALLERGY CARE PLAN — Required When Applicable If your child has an allergy that requires **specific precautions, treatment, medication, or emergency response**, an **SJMCC Allergy Care Plan must be completed and submitted with the enrollment paperwork**. The plan includes information to be completed by both the parent/guardian and the child's healthcare provider.

_____
_____
_____
_____
_____
_____

Known activity/dietary restrictions

_____
_____
_____
_____
_____

Medical conditions

_____
_____
_____
_____
_____

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MEDICAL CONSENT FORM

I/We, the undersigned, have legal custody of _____, a student who is a minor, and have given our consent for him/her to attend Saint Joseph Montessori Children's Center (SJMCC). In the event of an emergency, disaster, and/or medical care is needed and I/we cannot be reached, I/we give my/our consent for medical and/or surgical treatment by our preferred doctor at our preferred facility for the aforementioned student. If our doctor is unavailable and/or the emergency transport deems time does not allow for travel to our preferred facility, the on-call doctor at the closest facility may give care. ***ALL AREAS BELOW MUST BE FILLED OUT***

Primary Physician	
Address	
Telephone	
Preferred Hospital	
Address	
ER Telephone	
Insurance Name	
Policy #	
Holder	

I understand and agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge still be in force for the student named above

Parent/Guardian 1 Name _____ Signature _____

Parent/Guardian 2 Name _____ Signature _____

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DISMISSAL AUTHORIZATION FORM

CHILD'S NAME: _____

USUAL DRIVER'S NAME:_____ DRIVER LICENSE #_____

CAR MAKE_____ MODEL_____ COLOR _____

If different from above

PARENT/GUARDIAN 1 _____ DRIVER LICENSE # _____

CAR MAKE _____ MODEL _____ COLOR _____

PARENT/GUARDIAN 2 _____ DRIVER LICENSE # _____

CAR MAKE _____ MODEL _____ COLOR _____

If an individual other than yourself (parent/guardian) and/or your child's usual driver will be picking your child up from school please list the additional individuals below.

FULL NAME	DRIVER'S LICENSE # OR LAST 4 DIGITS OF SOCIAL SECURITY #	DESCRIPTION OF PERSON	RELATIONSHIP TO CHILD	CAR MAKE, MODEL, COLOR

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STUDENT & FAMILY HANDBOOK ACKNOWLEDGMENT

We acknowledge that we have read the Student & Family Handbook and agree to follow the school policies and procedures outlined in it. We understand that the most current version of the handbook is always available on the home page of Transparent Classroom for our reference.

Parent/Guardian 1 Signature _____

Parent/Guardian 1 Name _____

Parent/Guardian 2 Signature _____

Parent/Guardian 2 Name _____

FAMILY DIRECTORY RELEASE

_____ I/We agree to have my/our name, phone number, and address published in the Saint Joseph Montessori Children's' Center Family Directory. My/our information as we would like to be listed is below:

Parent/Guardian 1 Name _____
Parent/Guardian 1 Phone, Address _____
Parent/Guardian 1 Spouse's Name _____
Parent/Guardian 1 Spouse's Phone _____

Parent/Guardian 2 Name _____
Parent/Guardian 2 Phone, Address _____
Parent/Guardian 2 Spouse's Name _____
Parent/Guardian 2 Spouse's Phone _____

PHOTO/VIDEO RELEASE

Please indicate your permission for SJMCC to photograph or videotape your child at school or during official SJMCC functions. Check each permission that applies.

_____ **SJMCC Publications**: I give permission for my child's photos/videos to be used in SJMCC's website, newsletters, printed materials, and other official SJMCC documents or publications.

_____ **External Publications**: I give permission for my child's photos/videos to be used by external organizations, such as newspapers or magazines. These organizations may also share or link photos/videos to their official social media accounts.

_____ **SJMCC Social Media**: I give permission for my child's photos/videos to be posted on SJMCC's public social media accounts, including Facebook, Instagram, and other platforms. I understand these accounts are public and content may be viewed or shared by anyone, including people outside the SJMCC community.

Child's Name _____ Date: _____

Parent/Guardian's Name: _____ Signature: _____

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ATTENDANCE AND TUITION FORM

Student's Name:_____

Student's Age as of August 1, 20__ _____

Requested Attendance Times: Half Day _____ a.m. to _____ p.m.

Full Day _____ a.m. to _____p.m.

After School Care _____ (please check if you need aftercare)

FULL DAY

# of Children	1	2nd Child	3rd Child
Monthly July - June	$593	$516	$457
Monthly Aug - May	$711	$619	$548
Semi-Annual	$3,555	$3,095	$2,740
Annual	$7,110	$6,190	$5,480

HALF DAY

# of Children	1	2nd Child	3rd Child
Monthly July - June	$411	$370	$329
Monthly Aug - May	$493	$444	$395
Semi-Annual	$2,467	$2,221	$1,974
Annual	$4,935	$4,442	$3,948

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AFTERSCHOOL CARE

# of Children	1	2
Annual	$1,200	$1,800

ASC tuition description: You must be registered for after care to attend. A drop-in rate of $15 per day will be charged monthly if you need aftercare for a day (must be 48-hour notice and approved by the director).

- After-School Care can be registered for at the beginning of the school year or when you enroll.
- You must fill out the registration form for aftercare.
- Hours of operation: 7:30 a.m. – 5:00 p.m., Monday through Friday
- 7:30 a.m. – 8:00 a.m. is drop off.
- All students must arrive to school by 8:00 am
- 8:00 a.m. – 3:30 p.m. is the School Day
- 3:30 p.m. – 5:00 p.m. is After-School Care
- SJMCC programs are offered for students who are 3 to 6 years of age.
- Pre-kindergarten and Kindergarten programs are 5 days a week.
- Kindergarten students are required to attend the full-day schedule.

Tuition assistance applications are completed online through www.ceflou.org.

All payments are processed through FACTS. $100 per child registration.

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PAYMENT PLAN

- It is the family's responsibility to set up their child(ren)'s payment plan through FACTS, our online payment system.
- You will receive an email to set up your payment plan online.
- FACTS will be used to pay tuition, after school care fees, enrollment fees, etc. We do NOT accept checks/cash for any fees.

STUDENT'S NAME: _____

Pre-School _____ Kindergarten _____

Saint Joseph Montessori is an organization within the Basilica of Saint Joseph Proto-Cathedral. The business office at the Basilica of Saint Joseph Proto-Cathedral makes all final deposits.

This authority is to remain in full force until the tuition obligation for Saint Joseph Montessori Children's Center has been fulfilled or Saint Joseph Parish has received written notification from I, the undersigned, of its termination in such time and in such manner as to afford Saint Joseph Parish a reasonable opportunity to act on it.

Printed Name _____

Signature _____ Date _____/_____/_____

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St. Joseph Montessori Children's Center
After School Care 2026-2027
REGISTRATION FORM/AFTER SCHOOL CARE AGREEMENT

Child #1's name: _____

Child #2's name: _____

Mother's name: _____

Father's name: _____

ASC Prices per month

One child	Two children	Drop-in rate
$120	$180	$15 per day

Please circle above how many children for aftercare

ASC tuition description: You must be registered for after care to attend. A drop-in rate of $15 per day will be charged if you need aftercare for a day (must be 48-hour notice).

Payments: All payments will be made using your FACTS account that is on file and will be charged according to the tuition payment option that you have chosen. All families must have a valid FACTS account at all times.

X_____
Financially responsible parent/guardian signature

_____
DATE