

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?

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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: _____

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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:

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FAMILY INVOLVEMENT

A Montessori education is a partnership between the family and school in supporting each other. As a 501(c)3 non-profit organization, in addition to tuition, we must rely on fundraisers, events, and our Annual Fund to support our operational costs. Our expectation is for each to family participate in giving back to our school in ways that meet their ability. Do you have any hobbies, skills, talents, or interests that you would like to share with our children?

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 _____

Name of person(s) with court ordered restricted access to the child:

1. _____
2. _____
3. _____

MEDICAL INFORMATION – QUICK REFERENCE

Known allergies to drugs, foods, etc.

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.

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 have read the Student & Family Handbook and agree to follow the school policies and procedures as stated.

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

_____ I, the undersigned, hereby give permission for my son/daughter to be photographed or videotaped at Saint Joseph Montessori Children's Center (SJMCC). Furthermore, I give permission for any photo or video of my child at Saint Joseph Montessori Children's Center (SJMCC) or a SJMCC official function to be published on SJMCC's website, newsletters, printed publications, or other official SJMCC documents and/or publications.

_____ I, the undersigned, hereby give permission for my son/daughter to be photographed or videotaped at Saint Joseph Montessori Children's Center (SJMCC). Furthermore, I give permission for any photo or video of my child at SJMCC or a SJMCC official function to be published in a newspaper, a magazine, or other external publication. Please note that external organizations (like a newspaper) may also link any photo or video to their official social media accounts.

_____ I, the undersigned, hereby give permission for my son/daughter to be photographed or videotaped at Saint Joseph Montessori Children's Center (SJMCC). Furthermore, I give permission for any photo or video of my child at SJMCC or a SJMCC official function to be published on SJMCC's social media accounts (www.facebook.com/stjosephmontessori, www.pinterest.com/simontessori, and Instagram).

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.

2024-2025 TUITION

10 MONTHLY PAYMENTS FOR 175 INSTRUCTIONAL DAYS

SCHEDULES	HALF-DAY 7:30 a.m. – 12:00 p.m.	FULL-DAY 7:30 a.m. – 3:30 p.m.
	\$465/month	\$670/month

- Hours of operation: 7:30 a.m. – 6:00 p.m., Monday through Friday
- 7:30 a.m. – 8:00 a.m. is Early Care
- 8:00 a.m. – 3:30 p.m. is the School Day
- 3:30 p.m. – 6:00 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.
- Monthly tuition is paid by automatic withdrawal over a 10 month payment plan from August through May for 175 instructional days.

SIBLING DISCOUNT

- For siblings attending SJMCC at the same time 10% discount for the second child will be given.

AFTER-SCHOOL CARE

- 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.

ASC Prices per month

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

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).

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.

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FINANCIAL ASSISTANCE

- Financial assistance may be available for qualified families.
- Financial assistance is funded through a grant from the Sisters of Charity of Nazareth and donations.

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 2024-2025
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