

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, 201\_\_ : \_\_\_\_\_ 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?

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

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

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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?

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

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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?

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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 5<sup>th</sup> or 20<sup>th</sup> 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.

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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.

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Known activity/dietary restrictions

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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.

<b>Primary Physician</b>	
Address	
Telephone	
<b>Preferred Hospital</b>	
Address	
ER Telephone	
<b>Insurance Name</b>	
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](http://www.facebook.com/stjosephmontessori), [www.pinterest.com/simontessori](http://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.

**2022-2023 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.
	\$410/month	\$620/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 2018 through May 2019 for 175 instructional days.

**SIBLING DISCOUNT**

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

**PRE-REGISTERED AFTER-SCHOOL CARE**

- After-School Care can be registered for at the beginning of the school year or 48 hours prior to the first of the month.
- Pre-registered after-school care is \$25/30 minutes/month

3:30-4:00	4:00-4:30	4:30-5:00	5:00-5:30	5:30-6:00
\$25	\$25	\$25	\$25	\$25

**EXTRA TIME**

- Non-pre-registered extra time is available on a first-requested, first-served basis (as capacity and teacher ratio allows ). Please make every effort to give 48 hour notice so that we can provide appropriate staffing.
- Extra Time is billed from SJMCC at the end of the month.
- Extra Time is billed at a rate of \$5.00 per hour after paid tuition and after the Pre-Registered ASC ends.
- If 5 minutes or more late, please note, after your Extra Time hour, you will be billed for the following hour.

**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.

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AUTHORIZATION AGREEMENT FOR  
PREAUTHORIZED PAYMENTS

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Special Notes regarding school schedule:

\_\_\_\_\_  
\_\_\_\_\_