



Mount Hope Montessori School



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2024-2025 School Year Primary Enrollment Application

Child's name: _____ Date of enrollment: _____

Date of Birth: _____ Age as of September 1, 2024: ____ Gender: _____

Parent/ Guardians' names:

Address:

Address:

Phone Numbers (please list in the order you would like us to call should we have to reach you)

Email:

Can we share your email address with other Mount Hope families?

Yes ___ No ___

Yes ___ No ___

Occupation and employer-please include address and telephone for work



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Please list name(s) and age(s) (as of September 1, 2024) of each sibling:

What language(s) are spoken or taught at home?

Please list any allergies your child has:

Please list any food restrictions your child has:

Please tell us about your child's previous school, program, or daycare experience, if any:

Please tell us anything about your child that we might need to know to help him or her be more successful. Some examples might be: recent birth of a sibling, death of a loved one or pet, recent change in family, child's habits, fears, or interests.

Family physician name: _____ **Phone:** _____

Emergency contacts (please provide two, besides parents):

Name/relationship: _____ **Phone:** _____

Name/relationship: _____ **Phone:** _____



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Child's Name: _____

I/We are enrolling our child in the following academic program for school years:

_____ 2024-2025

Check one of the options below:

- _____ 5 Day Full Day 9:00 am- 3:00 pm, Monday – Friday \$12,709.00
- _____ 4 Day Full Day 9:00 am- 3:00 pm, Monday – Thursday \$12,161.00
- _____ 5 Day Half Day 9:00 am- 12:30 pm, Monday – Friday \$9,357.00
- _____ 4 Day Half Day 9:00 am- 12:30 pm, Monday – Thursday \$8,106.00

Fees are per school year, payable in 10 monthly installments.

A non-refundable deposit of \$400, which will be applied to your total due, must be submitted with this application. Re-enrolling families must pay their deposit by June 30, 2024

I/We are also enrolling our child in the Contracted Child Care program. Please check each choice:

AM care is from 8:00-9:00. PM care is from 3:00-4:00 or 3:00-5:00

- _____ AM 5 days per week \$2,378.00
- _____ AM 4 days per week \$2,124.00
- _____ PM until 4:00, 5 days per week \$2,378.00
- _____ PM until 4:00, 4 days per week \$2,124.00
- _____ PM until 5:00, 5 days per week \$3,083.00
- _____ PM until 5:00, 4 days per week \$2,467.00

*If you choose to not do the contracted child care the rates of drop-in child care are as follows daily:
AM and PM: \$20.00/hour

Please calculate your total due:

Amount due for academic program: _____

Amount due for Contracted Child Care: _____

Less down payment amount: _____

Total due: _____ Dived by 10: _____

(Monthly payments)

Your first payment for the 2024-2025 school year is due September 5, 2024.

Your last payment for the 2024-2025 school year is due June 5, 2025.

Payments are due on the 5th of each month. Payments received after the 5th of each month are subject to a \$25 late fee.



By signing below, I/We accept and agree:

1. To the terms outlined in this application and in the parent handbook;
2. That the deposit is not refundable, and that placement cannot be guaranteed until the deposit is received;
3. That Mount Hope does not offer discounts or makeup days for absences or canceled school days;
4. That a fee could be charged for late pick-up of my/our child;
5. That I have read, understood and had the opportunity to discuss the discipline policy in the parent handbook.

Signed: _____ **Date:** _____

Print: _____

Signed: _____ **Date:** _____

Print: _____

(In two-parent/guardian households, both parents/guardians must sign)

The following authorizations, required by state regulations, allow Mont Hope Montessori School, Inc., and its staff and/or agents authority as noted. Each authorization must be signed by a parent:

1. I authorize the staff at Mount Hope Montessori School to care for my child in my absence during the academic and/ or child care hours that I have chosen.

Signature: _____

2. I authorize my child to take class field trips during the school year. I understand that my child may be transported in personal vehicles by staff and/or parents and/or volunteers.

Signature: _____

3. I authorize my child to be photographed or video-taped for classroom-related purposes, and for such photos to be used as deemed appropriate by Mount Hope Montessori School, its staff or agents, for publicity purpose.

Signature: _____

4. I authorize the staff and/or agents of Mount Hope Montessori School to administer first aid to my child in the event that he/she is injured during the school day or during child care and, if necessary, accompany my child to an appropriate medical facility for emergency care. I understand that staff and/or agents will make every effort to contact me, and that my child will be transported by emergency vehicle. I give permission for my child to receive emergency care.

Signature: _____



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5. I authorize my child to be transported from Mount Hope Montessori School to an alternative shelter in the event of an emergency. I understand that my child may be transported by personal vehicle, bus, and/or other method of transportation as deemed necessary. I also understand that I will be notified of such even as soon as possible.

Signature: _____

Note: The State of Connecticut required that this application, and a medical form showing your child has had a physical within the last year, must be received prior to, or on, the first day of classes. Thank you.

Tuition support is available through Connecticut’s Care4Kids program and the Mansfield School Readiness program. All of our families are encouraged to fill out applications for both programs.

[CT Care 4 Kids – Connecticut Office of Early Childhood](#)

[MANSFIELD SCHOOL READINESS PROGRAM \(mansfieldct.gov\)](http://mansfieldct.gov)