

20__ – 20__ ENROLLMENT APPLICATION – Before & After School Program
(\$25 fee MUST accompany application to NESM Office)

Check applicable Before & After School program Options (See Tuition Rate Sheet for Fees):

- 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 \$2050 - 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
 - 7:30 – 9:00 AM = \$12
 - 3:30 – 5:00 PM = \$8.00
 - 3:30 – 6:00 PM = \$15.00

Live Oaks Classroom Teacher: _____ Grade: _____

AFTER SCHOOL (*payment due in advance of month):

Payments must be dropped 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: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Emergency Medical Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____
Home Telephone: _____

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

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: _____ Program begin date (New Students ONLY): _____

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

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