Fields of Green Montessori School

58 Sandhill Road

Vernon NJ 07462

973-823-0804

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<u>Fields Of Green Montessori School</u> <u>Seedlings Re-enrollment Form</u>

Student Information	
Date of Registration: Student Name: Age (in Years and Months):	
Schedule Preferred	
Monday: From: to:Tuesday: From: to:Wednesday: From: to:Thursday: From: to:Friday: From: to:	

**New Policy: Beginning in the 2009/2010 school year, you will be charged for your commitment as stated above, regardless of absence.

Make-up days will be allowed in this program, however it must be arranged 24 hours in advance and is only allowed at the convenience of the teacher and/or if the class is not already full for the desired make-up day. Make-ups can only be scheduled within the same month of the absence, and will not be carried until the end of the school year (i.e. No credit will be given for any absences.)

Once we receive your preferred schedule, you will be issued a tuition contract and monthly payments will now be scheduled on either the 1st or the 15th of each month (to be decided by the office), beginning in September and ending in June.

Any permanent change in schedule must be arranged through the office.

Parent Information	
Home Phone	
Employer	Employer Address
Work Phone	Work Phone Cell Phone
Referred to us by:	
in September)	llment: \$100 (To be applied toward your first payment
Office Use Only	
Date:	
Agreement	
I hereby state that the info payments stated above.	ormation given is correct and I agree to the tuition and
Signed:	Date: