

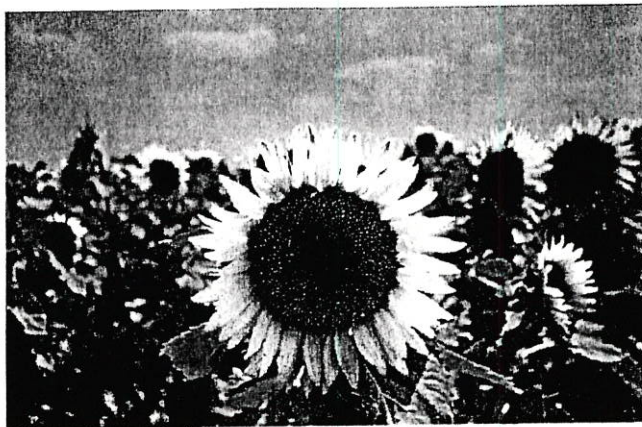
Fields of Green Montessori School

58 Sandhill Road

Vernon NJ 07462

973-823-0804

dsmorto@frontiernet.net



Seedlings Registration Form

Student Information

Date of Registration: _____

Student Name: _____

Birthdate: _____ Age: (in Years and Months): _____

Is your child potty trained? ☐ Fully trained ☐ Beginning ☐ No

Desired Start Date: _____

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. (All final June payments must be made on June 1st, regardless of originally scheduled monthly due date.)

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

Parent Information

Parent(s) Name(s): _____

Address: _____

Home Phone _____

Email _____

Father's Occupation _____ Mother's Occupation _____

Employer _____ Employer _____

Address _____ Address _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Referred to us by: _____

Registration Fee: \$100

*Payable by cash, check or credit card (VISA/MC only)

Office Use Only

Date: _____

Method of Payment: Cash Check Credit Card

Check # (if applicable): _____

Amount Paid: \$ _____

Staff Signature: _____

Hourly Rate: \$ _____

Monthly Payment Amount: \$ _____

Due on: 1st 15th

Agreement

I hereby state that the information given is correct and I agree to the tuition and payments stated above.

Signed: _____ Date: _____