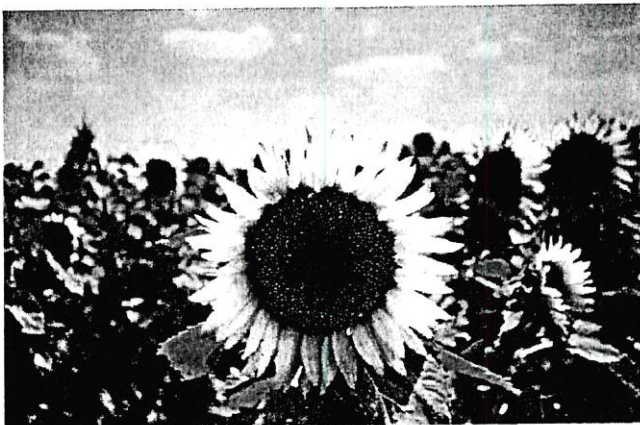


Fields of Green Montessori School
58 Sandhill Road
Vernon NJ 07462
973-823-0804
dsmorto@frontlernet.net



Current Student
Re-Enrollment Form

Student Information

Date of Registration _____

Student Name _____

Schedule Preferred

____ 2 Days (Tues/Thurs)

____ Half Day AM

____ 3 Days (Mon/Wed/Fri)

____ Half Day PM

____ 5 Days (Mon-Fri)

____ Full Day

____ Elementary – Age____, Grade____

*Note: Kindergarten students have the following schedule options:

5 Half Days, 3 Full Days, 5 Full Days. Elementary students are 5 Full Days

Parent Information

Address _____ Home Phone _____

Email Address _____

Father's Occupation _____

Work or Cell Phone _____ (work/cell)

Employer's Address _____

Mother's Occupation _____

Work or Cell Phone _____ (work/cell)

Employer's Address _____

Emergency Name and Contact Number _____

Medical Information

Doctor's Name _____ Phone _____

Allergies _____

Does the child take any medication? ____ No ____ Yes (If yes, please fill out additional medication permission form provided by office)

Medical Problems _____

Tuition Costs *(Office Use Only)*

Yearly Tuition: \$ _____

Activity Fee: ____ Primary \$ _____

____ Elementary \$ _____

Minus Deposit Paid: \$ _____

Yearly Tuition Costs: \$ _____

Due Upon Registration \$ _____

*Payable by cash, check, or credit card

Date _____

Method of Payment: Cash Check Credit Card

Check #(if applicable) _____

Amount Paid _____

Was a receipt given at time of payment? Yes No

Staff Signature _____

Agreement

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

Signed _____ Date ____/____/____