



GREEN MOUNTAIN MONTESSORI SCHOOL
8 Jericho Road, Essex, Vermont 05452
(802) 879-9114

APPLICATION FOR ADMISSION
September 2024 – 2025

Regular Program

Preschool/Pre-K

Kindergarten

Days Attending: 2 Days (Check Two) M T W Th F 3 Days (Check Three) M T W Th F

Full day (3-6 yrs) PREFERENCE:

Primary I (8:00–2:30/3:00)

Primary II (8:30–3:00/3:30)

No preference

Half day (3-3.9 yrs) PREFERENCE: *NOTE: Half-day positions are limited

Primary I (8:00–12:15)

Primary II (8:30–12:45)

No preference

Before School/After School Programs

Before School (7:30 – 8:00) LIMITED SPOTS (not guaranteed) Before School (8:00 – 8:30)

After School Primary I (3:00 – 5:30)

After School Primary II (3:30 – 5:30)

Eligible for ACT 166? (Child must be 3 by Sept. 1st) Yes No

Eligible for subsidy? Yes No

Child's Name _____ **Gender** _____ **Date of Birth** _____

Address _____ **Home Phone** _____

City _____ **State** _____ **Zip** _____

Please check here if your child is potty trained

1st Parent's/Guardian's Name _____ **Relationship** _____

Address _____ **Home Phone** _____

City _____ **State/Zip** _____ **Cell:** _____

Email _____

Occupation _____ **Work Phone** _____

Employer _____ **Work Address** _____

Parent 1 has legal custody: Yes No* *If no, court order must be submitted to school

2nd Parent's/Guardian's Name _____ **Relationship** _____

The Green Mountain Montessori School admits students of any race, color, religion, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, national and ethnic origin or as otherwise prohibited by federal, state or local law in administration of its educational policies, admissions policies, scholarship and loan programs, and other school-administered programs.

Address _____ Home Phone _____

City _____ State/Zip _____ Cell: _____

Email _____

Occupation _____ Work Phone _____

Employer _____ Work Address _____

Parent 2 has legal custody: Yes No* *If no, court order must be submitted to school

Previous Montessori Experience _____

Previous School Name _____ Phone _____

Previous School Address _____

Teacher's Name: _____ Dates Attended _____

Emergency Contact #1 _____ Relationship _____

Address _____ Phone _____

Emergency Contact #2 _____ Relationship _____

Address _____ Phone _____

_____ will be picking up _____ at school for the
(Pick-up Person Name) (Child's Name)

_____ school year, if this changes I will notify Green Mountain Montessori School
in advance of any change _____ by email / voicemail / parent communication book.

(Initial)

Physician's Name _____ Phone _____

Office Address _____

Dentist's Name _____ Phone _____

Office Address _____

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Acknowledgement and Consent

I acknowledge that a representative of Green Mountain Montessori School has discussed the typical daily schedule and activities, as well as walking and car trips with me. I also give consent for

_____ to take part in field trips or excursions, selected

(Child's Name)

and organized, and as approved by the staff and administration of the Green Mountain Montessori School. I understand that trips will be made approximately 2-4 times per year to local establishments that will enhance the curriculum.

PARENT'S/GUARDIAN'S SIGNATURE

DATE

Upon acceptance into the School's programs, the School does require enrolling Students and their families to provide information about any special educational, physical, mental or emotional needs or conditions requiring accommodation of the Student to help provide a safe and effective environment for the Student. Acceptance of Students into the program is contingent upon the School being able to provide any reasonable accommodations in its facility or services consistent with federal or state laws which govern the School's operation. The school will need a written note each time it needs to dispense medication or to release your child to someone other than a parent or designated guardian.

*BEFORE YOU SUBMIT PLEASE ATTACH-

- a photocopy of your child's immunization certificate or request for exemption based on religious or ethical beliefs to this form.
- A non-refundable application fee of \$75

Please send to: Green Mountain Montessori School 8 Jericho Road Essex Jct. VT 05452

Office Use Only: Date Application Received: _____

Date Application Fee Received: _____ Check #: _____

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