



SALEM MONTESSORI SCHOOL REGISTRATION FORM 2024-25

Student's Name: _____ Age at entry: _____ Birthdate: _____ Sex: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Primary Phone: _____
Parent's Name: _____ Cell: _____
Employer: _____ Work Phone: _____
Parent's Name: _____ Cell: _____
Employer: _____ Work Phone: _____
In an emergency if parents are not available, please call: _____ Phone: _____
Back-up responsible person to call: _____ Phone: _____
Person(s) authorized to pick-up child:

Children in household: _____ Age: _____
_____ Age: _____
_____ Age: _____

Name of physician: _____
Physician's clinic/address: _____ Phone: _____
Food Allergies: _____
Other special needs or medical conditions that SMS staff should be aware of: _____

Outside services child receives: _____
Previous school/childcare experience: _____

I am interested in enrolling: (Please select desired options, though please understand that exact enrollment is determined by availability)

_____ Morning Only Class _____ 3 days per week _____ Monday _____ Thursday
_____ Full Day Class _____ 5 days per week _____ Tuesday _____ Friday
_____ Wednesday

Tuition Fees: (Pro-rated and charged in 10 monthly installments or 1 full payment.)

Full Day Class: 5 days - \$920.00 monthly
3 days - \$765.00 monthly

Morning Only Class: 5 days - \$765.00 monthly
3 days - \$660.00 monthly

I _____ am _____ am not interested in before/after school care.

Before/After School Care:

Times available: 7:30-8:00am, 3:15-4:30pm

Pricing: \$15 per day

\$40 per week for 3 full days

\$70 per week for 5 full days

charged to following month's invoice

I would like to pay the non-refundable registration fee of \$50.00:

_____ by check/cash enclosed with registration form

_____ online via Brightwheel

The operation and support of Salem Montessori School depends solely on the payments of families enrolled. I understand my obligation and responsibility to pay my child's tuition to secure their position at the school.

Signed: _____ Date: _____

Signed: _____ Date: _____

Parent Authorizations:

In an emergency, I _____, the undersigned parent/guardian of _____ authorize a representative of the Salem Montessori School to secure medical aid and related necessary transport for my child in the even that I cannot be present when such aid is needed.

I _____ will _____ will not allow my child/children to be photographed for Brightwheel updates (_____ only), publicity or news purposes. This applies to _____ on site or _____ off site photography.

I _____ will _____ will not allow my child to be taken on any potential field trips by bus or on neighborhood walking excursions under required supervision as approved by the Oregon Office of Childcare.

Signed,

Parent: _____ Date: _____

Parent: _____ Date: _____

