



## Children First Montessori Preschool Application Instructions

**The below must be completed before your child may start school.**

- Sign and date all forms (Please feel free to make copies of any or all for your records).
- Return signed and dated forms to the school mailbox by hand or mail.
- Photocopy your child's immunization records and add to packet.

### **Tuition:**

- Tuition must be paid before your child starts school.
- We will be charging late charges thereafter for payments not made by the 1st of each month. (This is in the contract)

Your child \_\_\_\_\_ is enrolled in the 5Day \_\_\_ or 3Day \_\_\_ program.  
(Check One)

**Tuition is due at the 1st of each month. A daily late charge of \$5 will be enforced if payment is not made by the 1<sup>st</sup>.**

I/We, \_\_\_\_\_ the undersigned have  
PLEASE PRINT YOUR NAME  
read and understand the late charge policy.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Children First Montessori Preschool  
Application



Children First  
**Montessori**  
Preschool

One Shannon Drive  
Bangor, ME 04401  
Office - 207.947.3950  
[amy.lemieux712@gmail.com](mailto:amy.lemieux712@gmail.com)

Application				
Date:	School Year:	<b>Select Program:</b>	5 Day - Monday - Friday 3 Day - M - T - W - Th - F (Circle Days)	
Child's Name:		Date of Birth:		
When do you hope to place your child in child care?				
Street Address:		City:	Home Phone:	
Father's Name:			Mother's Name:	
Street Address (If different from above):			Street Address (If different from above):	
City:	Home Phone:		City:	Home Phone:
Place of Employment:			Place of Employment:	
Work Number:			Work Number:	
Cell Phone Number:	Text: Y or N		Cell Phone Number:	Text: Y or N
Email:			Email:	
Known Allergies:				
Name and address of next of nearest living relative (other than parent):				
If parents cannot be reached by telephone during the time the child is in childcare, how can the parent be reached?				
Name, address, and telephone number of person other than parent to be in contacted in case of emergence in case parents cannot be reached:				
Names of person(s) who are to be permitted to remove child from day facility. (Staff must be notified ahead of time by the parent if regular transportation will vary).				
Name of Family Doctor:		Phone:		
Street Address:		City:		

The enrollment fee is \$45.00 (this is a non-refundable fee) Once a student has applied & received a pre-placement acceptance a one month tuition deposit must be paid to hold the limited opening for your child.



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Permissions

## Photo Consent Form

I consent and agree that my child \_\_\_\_\_  
may be photographed for internal school use only. Your child may be included in photos sent to  
parents from time to time in an email or text message as well as the schools photo album. These  
photographs will not be used in any marketing materials or released to the general public.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

If you would like your child included in any of our marketing materials or website, please contact the  
Director for more information.

## Medical Dispensation

I hereby agree to give permission to Children First Montessori to give my  
child \_\_\_\_\_ any medication that I supply at the start of the school  
day. I agree to leave prescription medication in its original container.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

## Dental Emergency Information

**In the event of a dental emergency, our dentist is:**

Dentist	Phone
Street Address	City

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### Child's Medical History

Child's Name:		Age:	
Street Address:		City:	Sex:
Date of Birth:	Birthplace:		
Father's Name:		Daytime Phone:	
Mother's Name:		Daytime Phone:	
Emergency Contact:		Daytime Phone:	
Street Address:		City:	

### Previous History

Seizures:
Allergies (Food - Nuts - Insects):
Injuries:
Current Medications:
Hospitalizations:
Immunizations (Please make a copy of immunization book):

### Agreement

I hereby agree to give authorization to Children First Montessori Preschool to obtain emergency medical treatment for my child in case of sudden illness or accident.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Hospital Preference:

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**Bureau of Social Services Child Record**

Child Admitted:			Child Departed:	
Date:			Date of Birth:	
Child's Name:				
Street Address (If different from above):				City:
Father's Name:			Mother's Name:	
Street Address (If different from above):			Street Address (If different from above):	
City:	Home Phone:		City:	Home Phone:
Place of Employment:			Place of Employment:	
Work Number:			Work Number:	
Cell Phone Number:			Cell Phone Number:	
Text: Y or N			Text: Y or N	
Email:			Email:	
Allergies (Food - Nuts - Insects):				
Name and address of next of nearest living relative (other than parent):				
If parents cannot be reached by telephone during the time the child is in childcare, how can the parent be reached?				
Name, address, and telephone number of person other than parent to be in contacted in case of emergence in case parents cannot be reached:				
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**Enrollment Contract**

School Year: \_\_\_\_\_

I (we), the undersigned, do hereby contract with Children First Montessori school, to enroll my (our) child \_\_\_\_\_ in its program for the period beginning \_\_\_\_\_ and ending with 30 days written notice given by either party.

contract balance due, including any reasonable costs which may be incurred in collection of said balance due.

I (we) also understand that Children First Montessori School, agrees to provide responsible care for \_\_\_\_\_ in our quality program and within a safe and positive environment.

Children First Montessori School, reserves the right to dismiss a child if it is in the best interest of the child and/or the facility, upon reasonable notice to the parents.

I (we) also understand that the first two-weeks will be a probationary period, during which time the contract may be canceled by either the parent(s) or facility with a minimum of four weeks notice given in writing.

I (we) agree to bring \_\_\_\_\_ to Children First Montessori School in the program hours of \_\_\_\_\_ and \_\_\_\_\_ and I (we) agree to pay a late fee of \$5.00 per each ½ hour if I (we) do not pick up my (our) child at the designated time. School closes at 5:30 each day. At 5:30 the rate becomes \$1.00 per \_\_\_\_\_

**I (we) agree to pay tuition on or before the 1st day of each month, I (we) also understand that due to the small size of the Children First Montessori Program, salaries and all school costs depend on prompt tuition payment. Tuition is due on or before the 1st of each month, with no exceptions being made for weekends, holidays, student vacations, family vacations or school vacation. I (we) agree to pay \$5.00 per day late charge for every day tuition payment is not made. In the Event that I (we) will be away from CFM school for an extended period of time I agree to prepay tuition before my (our) departure.**

**I (we) release Children First Montessori Preschool and its staff from any responsibility or liability for injuries or loss of personal property by my (our) child which may occur during the child's enrollment at Children First Montessori School.**

I (we) agree that my (our) child may be take field trips and I (we) will not hold Children First Montessori school, responsible for any injury to the child resulting from transportation to and from and attendance at the field trip site. I (we) understand that each month I (we) will receive a calendar with information for the month and this calendar will be given to me for the purpose of facilitate communication with my (our) child, my family & the school.

I (we) have read this Enrollment Contract and I (we) understand and accept its terms. (Please make and retain a copy of this contract.)

Parent or Guardian Signatures \_\_\_\_\_ Date \_\_\_\_\_