

South Jordan Montessori School
2337 W. Bonanza Court
South Jordan, Utah 84095
(801) 703-5237 or (801) 414-1149



REGISTRATION FORM

For school year 2022-2023

All sessions are Mon-Thurs

Circle which session you'd like:

AM PM FULL DAY

Yearly Tuition: Half Day- \$2,790 (\$310/mo if split into 9 monthly payments)

Full Day- \$5,760 (\$640/mo if split into 9 monthly payments)

PLEASE PRINT Application Date ____/____/____

Child's Name _____ Sex _____ Birth date ____/____/____

Address _____ City/Zip Code _____/_____

Mother/Guardian _____ Employer _____

Address _____ Cell _____

Business Phone _____ Email _____

Father/Guardian _____ Employer _____

Address _____ Cell _____

Business Phone _____ Email _____

How did you learn about South Jordan Montessori? _____

Names and ages of brothers and sisters: _____

Describe any preschool/day care experiences: _____

Registration Fee: \$50
Materials Fee: Half day: \$65
Full Day: \$120
Activity/Field Trip Fee: \$45

Total Fees Due: Half day- \$160
Full Day- \$215

Admin only
Amount & Date pd- _____

Describe any physical or limiting conditions of your child, i.e. seizures, asthma, diabetes, allergies, heart disease, respiratory illness, drug reaction, speech difficulties, etc.:

Give instructions for the care of the above mentioned conditions:

Describe any pertinent social information or special needs of your child or write a brief paragraph about your child:

Persons other than parents/guardians designated to pick up children (they must show I.D. when doing so):

Name/Relationship _____ **Phone Number** _____

Address _____ **City/Zip** _____/_____

Name/Relationship _____ **Phone Number** _____

Address _____ **City/Zip** _____/_____

Name/Relationship _____ **Phone Number** _____

Address _____ **City/Zip** _____/_____

Persons to be called in case of illness or emergency if parent or guardian cannot be reached:

Name/Relationship _____ Phone Number _____

Address _____ City/Zip _____ / _____

Name/Relationship _____ Phone Number _____

Address _____ City/Zip _____ / _____

Name/Relationship _____ Phone Number _____

Address _____ City/Zip _____ / _____

Child's Physician _____

Name	Phone	Address
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Child's Dentist _____

Name	Phone	Address
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Emergencies

In the event of a serious emergency or illness, when the parent(s)/guardian(s) cannot be reached, I hereby authorize the staff of Jordan Montessori School to obtain emergency medical care, i.e. physician, dentist, paramedics, or other authorized emergency agents. I agree that if my child is injured while in the care of South Jordan Montessori that I will not hold the business or staff liable for any costs whatsoever associated with the injury unless said injury was caused by negligence.

Withdrawal

I understand that in order to withdraw my child, I need to give 30 days advance notice to allow my child's place to be filled. Additionally, I understand that if my tuition is paid monthly and is not paid by the 5th of each month, I will be charged a late fee of \$5.00 per day until said tuition is paid.

Field Trips

I give permission for my child/children to participate in field trips throughout the school year that I am notified of and will not hold South Jordan Montessori School liable for any accident or event that is beyond their control on any school sponsored trip.

I have read and understand the policies or procedures of South Jordan Montessori in our Parent Handbook (on our website) and agree to abide by them.

Printed Name _____

Signature of Parent/Guardian _____ Date ____/____/____