GREEN MOUNTAIN MONTESSORI SCHOOL
8 Jericho Road, Essex, Vermont 05452
(802) 879-9114
APPLICATION FOR ADMISSION
September 2025 – 2026

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_____

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/Location _____ Phone _____

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 _____

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 and organized,
(Child's Name)

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

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.

Office Use Only: Date Application Received: _____ Date Application Fee Received: _____ Check#: _____