



West River Montessori School

3650D Route 100N

S. Londonderry VT, 05155

(802) 824-5033

wrmsabc@gmail.com

June 30, 2023

Dear Families,

We would like to welcome all of our returning and new children and families to the 2023/2024 Academic School Year! Thank you for choosing West River Montessori School (WRMS) for your child's education! We will do our best to ensure the transition is as seamless as possible for your child so they feel loved, respected and safe. A Montessori learning environment is like no other. Our main objective at WRMS is to provide a carefully planned, stimulating environment, which will help children to develop within themselves the foundational habits, attitudes, skills and ideas essential for a lifetime of creative thinking and learning.

Please take time to read through your Welcome Packet in its entirety as it outlines all the details you will need for the upcoming school year. Within this packet, please find the following:

- Physicians Report and Immunization Form
- Emergency Contact Information
- Medical Emergency Care Form
- School Activities Consent Form
- Field Trip Consent Form
- Parent Financial Contract Form
- Montessori Birthday Celebration Form
- Getting to Know You Questionnaire

Included as attachments to this Welcome Letter email and with an agreement to be signed after each policy are:

- Program Information: Pack list: Snack and Lunch Dress/Playground/Outside Time, Mandated Forms
- About Our Classroom and Structure, Disruptive Behavior Policy, Attendance & Daily Schedule
- Health Policy
- Parent Participation & Fundraising

Also included as attachments:

- 2023/24 Academic Calendar
- Admissions Requirements, Financial Policies and General Financial Information Admissions Requirements,

All forms, ones included in the Welcome Packet and ones attached as an agreement to a school policy, must be returned by August 21, 2023. Tuition bills will be sent separately and due on the 15th of each month. If you have any immediate questions or need a printed copy of these forms, please contact the school at wmsabc@gmail.com. We look forward to another fantastic school year and thank you for your continued support!

Sincerely,
Eva Paré, Board of Directors and Teachers



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Physicians Report and Immunization Record

Child's Full Name: _____

The above child has been given a comprehensive physical examination and found to be in good physical condition and may be admitted, with my approval, to your child care facility.

The examination was performed on _____.

The above child has received the required immunizations to permit attendance. Immunization records or medical exemption letter have been attached.

Physician Name (Printed) Date

Physician Signature Date

Address

Phone Number Email (if applicable)

If the above child is exempt from vaccinations due to religious reasons, please provide the school with a letter for their student file.



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Emergency Information and Contacts

Child's Full Name: _____

PARENT INFORMATION:	MOTHER	FATHER
Home Phone Number		
Cell Phone Number		
Employer		
Work Phone Number		

If you cannot be contacted in an emergency, who should the school contact? Please note we must have two additional persons on file.

NAME	RELATIONSHIP	PHONE #

My child may leave the West River Montessori School and/or Playground with:

NAME	RELATIONSHIP	PHONE #

UNDER NO CIRCUMSTANCES WILL YOUR CHILD BE PERMITTED TO LEAVE THE SCHOOL WITH INDIVIDUALS OTHER THAN THOSE LISTED ABOVE UNLESS WE HAVE RECEIVED WRITTEN PERMISSION.

Please note a photo ID is required when picking up for the first time.

EMERGENCY CONTACT:

In case of an emergency, every effort will be made to locate the parent/guardian immediately. If you cannot be contacted, the school may have to call the Londonderry Rescue Squad, your child's doctor and/or dentist. Do you give permission for your doctor (listed below) to take necessary action in treating your child with the medical care needed? **YES / NO**

Doctor: _____ Address: _____

Phone #: _____

Dentist: _____ Address: _____

Phone #: _____

Does your child have any allergies? YES / NO

If yes, please list them: _____

Is your child on any medication? YES / NO

If yes, please list them: _____

I/We, _____, give the WRMS staff permission to contact
(parent/guardian print)

medical personnel to assist my child if needed during the days they attend for the 2022/2023 Academic School Year.

Parent or Guardian Printed Name

Parent or Guardian Signature

Date



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Emergency Medical Care

I/We, _____, hereby authorize the West River
(parent / guardian name)

Montessori School (WRMS) teachers and staff to administer medication and give consent for any and all necessary emergency medical care for my child if I am not reachable.

Parent / Guardian Signature

Date

Please note if your child has medication from a doctor that needs to be administered by staff of WRMS, you will need to provide us with a different form and include detailed instructions from your Doctor.



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Activities Consent Form

Child's Name: _____

Please initial each statement you agree with and sign below.

_____ I/We understand that field trips are part of the curriculum and that these field trips require parental transportation, accompaniment and supervision.

_____ I/We give consent for my/our child to be included in pictures connected with the school for any social media post, website and advertisement for the school where no names are given.

_____ I/We give consent for my/our child to be included in newsletter and SLACK app communication which is distributed solely to the actively enrolled families to communicate our day to day events and not used for any public viewing.

_____ I/We give consent for my/our child's name, parent's email address, street address and phone number to be placed on a class list that will be sent home to classmates.

_____ I/We give consent to receive the following school communications via email:

1. Parent Handbook
2. Extended Day Commitment Forms
3. School Calendar
4. Class List
5. Weekly Newsletter
6. Snow Day
7. Field Trip Permissions
8. Monthly Tuition Statements
9. Sign-Up's for school activities and parent/teacher conferences

Parent / Guardian Signature

Date



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Field Trip Consent Form

I/We give consent for my/our child, _____, to attend field trips hosted by the West River Montessori School for the 2023/2024 Academic School Year. If I/we are unable to drive our child, we give permission for them to ride with another parent or staff member of WRMS. I/we understand that some field trips may require consent forms in addition to this one.

Parent / Guardian Name (Printed)

Date

Parent / Guardian Signature



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Financial Contract

The parent or guardian of _____ agrees to accept financial responsibility for the following:

Application and Admission

Applications are accepted on a first come, first serve basis with priority given to our legacy families. We request a one year's notice from our legacy families of their intention to enroll a sibling with us. The WRMS tuition program is payable in ten (10) monthly installments from August 15th through May 15th with the final installment including June's tuition. There are no refunds for missed days regardless of the circumstances. **Bennington-Rutland**

Supervisory Union (BRSU) Preschool Collaborative and other district partners with WRMS Tuition Assistance (ACT 166) require their own mandated forms to be completed.

Monthly bills will be adjusted to reflect the difference. The first 10 hours a week for 3 year olds is covered for 35 weeks and you will be billed for the remainder. Tuition below is based on 2023/24 ACT 166, \$3,764.00. Children must be at least 3 years of age by September 1, 2023 to be eligible for ACT 166 Tuition Assistance.

Late Fees:

There is a \$1 per minute late fee for not arriving promptly at the specified time for your child's pick up.

Tuition payments received after the 16th will receive a \$30 late charge.

Social and Rehabilitative Services:

Parent and/or guardian are expected to pay for any tuition and/or late fees beyond those provided by Social and Rehabilitation Services (SRS) from the state of Vermont.

Withdrawal and Denied Admission:

Parents of any students withdrawn after July 1st are responsible for the FULL tuition for that particular quarter (approximately 9 weeks), even if you previously received tuition assistance, from the date of withdrawal. Such financial responsibility may cease when and if the Board is able to find a replacement for the withdrawn student. This policy is non-negotiable.

Q1: July - September (billing begins in August).

Q2: October - December

Q3: January - March

Q4: April - June

_____ / _____ Initial

Apple Room (Pre-School 3-5 yrs) - Must be 3 by September 1, 2023

Days Attending	'23-'24 Tuition Rate	Monthly Tuition Rate w/Act 166 Assistance
5 Day - Half Day	\$3,535.35	\$382.20
5 Day - Full Day	\$6,965.25	\$753.00
4 Day - Half Day	\$2,346.75	\$252.00
4 Day - Full Day	\$5,802.00	\$623.00
3 Day - Half Day	\$1,139.40	\$121.00
3 Day - Full Day	\$4,628.00	\$491.40

Pear Room (Toddler 2-3 yrs) - Must be 2 by September 1, 2023

Days Attending	'23-'24 Tuition Rate	Monthly Tuition Rate
5 Day - Full Day	\$8,158.5	\$882.00
4 Day - Full Day	\$7,021.65	\$754.00
3 Day - Full Day	\$5,923.10	\$629.00

Please be advised that the West River Montessori School reserves the right to deny admittance of your student to the school facilities if payments are overdue by more than 30 days.

Extended Care

Extended care is offered from 3pm to 4pm to our preschool children only, at a cost of \$15 per day (first come, first served) in a bi-weekly (upon request) or monthly commitment in order to ensure proper staffing.

_____ / _____ Initial



Child: _____ Age: _____.
Celebration Date: _____

Celebration of Life

A celebration of life is a wonderful way to honor a child's accomplishments. If possible, please find a picture for each year of your child's life and write a short story, to be brought in to school for this celebration (photos will be returned). The following is a sample life story. We ask that you let your child participate in selecting pictures and writing his/her life story for this celebration.

The story of _____.

He/she was born on _____ (month/day/year), in _____ (City, State, Country, Continent) on the planet earth. He/she had to be held, and taken care of all the time. He/she couldn't talk, or tell mom or dad what was needed. He/she had to wear diapers, drank lots of milk and slept most of the time.

By _____ months, he/she could (sit up by his/herself, crawl, etc.) _____
He/she loved to _____

When _____ was 1 year old, he/she (learned to walk, etc.) _____
He/she loved to _____

At 2 years old, _____ (learned to use the potty, etc.) _____

When _____ was 3 years old, he/she (came to the West River Montessori School, could talk in whole sentences, run, ride a tricycle) and loved doing _____
_____. At home, he/she helps by _____

And now _____ is _____ years and He/She can _____
and love to _____

The celebration of life is done during first circle. We read your child's life story as they carry the globe and walk around the sun that is placed in the middle of the circle. In either case, thank you for your help in making your child's celebration a meaningful and memorable one.



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Date_____

GETTING TO KNOW YOU QUESTIONNAIRE

Child's name:_____What do they prefer to be called?_____

What name do you want us to teach in print? (ie cubby name, Grace & Courtesy wall,
"Who came to school?")_____

What are your child's strengths?_____

Special interests?_____

Dislikes?_____

How have they handled previous separations from parents/guardians?_____

Are there any areas in which you feel they may need assistance?_____

Does your child nap? If so, how long is a typical nap time?_____

What are your hopes and aspirations for your child this year? _____

Do you have a skill or talent you would like to share with the class? _____

Have there been any changes recently? (e a move, separation, new sibling, loss of a loved one?) _____

Does your child have siblings? If so, what are their names and ages? _____

Do you have any pets? _____

Do you have a special holiday custom you would like to share with the class? _____

Is there anything you think would be beneficial for your child's teacher to know?

Is there anything we can do to help connect you to services, play groups or assistance?
