

**SAINT JOSEPH MONTESSORI  
CHILDREN'S CENTER**  
161 WEST DRIVE | P.O. BOX 44, NAZARETH, KY 40048  
502.348.1540 | WWW.STJOSEPHMONTESSORI.ORG

**ENROLLMENT FORM**  
***Child Information Form***  
***(first time students)***

Enrollment Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Withdrawal Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Age as of August 1, 201\_\_ : \_\_\_\_\_ Gender \_\_\_\_\_

**PARENT/GUARDIAN 1**

Name \_\_\_\_\_

Email Address \_\_\_\_\_@\_\_\_\_\_

**PARENT/GUARDIAN 2**

Name \_\_\_\_\_

Email Address \_\_\_\_\_@\_\_\_\_\_

With whom is the child living?

\_\_\_\_\_

# SAINT JOSEPH MONTESSORI CHILDREN'S CENTER

161 WEST DRIVE | P.O. BOX 44, NAZARETH, KY 40048  
502.348.1540 | WWW.STJOSEPHMONTESSORI.ORG

*The following information will be used to work more effectively with your child.*

1. We want to communicate with you effectively.  
To what address should correspondence and email be sent:

Parent/Guardian 1 \_\_\_\_\_ Parent/Guardian 2 \_\_\_\_\_ Both \_\_\_\_\_

Other \_\_\_\_\_

2. Do you wish to have your name listed in our family directory?  
(The directory is only distributed to current families.)  
Yes \_\_\_\_\_ No \_\_\_\_\_

3. Are there any medications your child takes regularly?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

4. Have any diagnostic evaluations (educational or psychological) ever been completed for your child?  
Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, a copy of the testing and evaluation must be sent to SJMCC prior to your child's first day of attendance.*

Comments \_\_\_\_\_

\_\_\_\_\_

5. Does your child have any allergies or sun sensitivities?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

6. Does your child have any specific fears?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

7. Has your child attended any other early childhood program?

# SAINT JOSEPH MONTESSORI CHILDREN'S CENTER

161 WEST DRIVE | P.O. BOX 44, NAZARETH, KY 40048  
502.348.1540 | WWW.STJOSEPHMONTESSORI.ORG

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CHILD INFORMATION, CONTINUED

*The following information will be used to work more effectively with your child.*

8. Were there any transitional difficulties in the previous early childhood program?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Does your child have any siblings?

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

10. What is the primary language used in your home?

\_\_\_\_\_

Is a secondary language used at home?

\_\_\_\_\_

11. What is the method of discipline used in your home?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. How does your child express concern?

\_\_\_\_\_  
\_\_\_\_\_

13. What do you see as your child's greatest strengths?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SAINT JOSEPH MONTESSORI  
CHILDREN'S CENTER

161 WEST DRIVE | P.O. BOX 44, NAZARETH, KY 40048  
502.348.1540 | WWW.STJOSEPHMONTESSORI.ORG

14. What activities do you enjoy doing with your child?

---

---

---

---

CHILD INFORMATION, CONTINUED

*The following information will be used to work more effectively with your child.*

15. How do you help foster your child's independence at home?

---

---

---

---

16. If my child has trouble falling asleep, I usually...

---

---

---

17. If there is a favorite toy or object that your child is attached to, please tell us about it.

---

---

---

18. My child's favorites:

Food(s) \_\_\_\_\_

Song(s) \_\_\_\_\_

Book(s) \_\_\_\_\_

Inside Activity \_\_\_\_\_

Outside Activity \_\_\_\_\_

19. Other people who have regular contact and are involved with my child's care:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

SAINT JOSEPH MONTESSORI  
CHILDREN'S CENTER

161 WEST DRIVE | P.O. BOX 44, NAZARETH, KY 40048  
502.348.1540 | WWW.STJOSEPHMONTESSORI.ORG

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

20. What are your expectations/hopes for your child in our Montessori program?

---

---

---

21. Why would you like your child to attend SJMCC?

---

---

---

---

22. GENERAL INFORMATION

How did you learn about SJMCC?

Referral      Name of person who referred you \_\_\_\_\_

Newspaper       Alumni

Mailing       Telephone Book

Open House       Other

Relatives of friends that have attended SJMCC

---

---

# SAINT JOSEPH MONTESSORI CHILDREN'S CENTER

161 WEST DRIVE | P.O. BOX 44, NAZARETH, KY 40048  
502.348.1540 | WWW.STJOSEPHMONTESSORI.ORG

## FAMILY INVOLVEMENT

A Montessori education is a partnership between the family and school in supporting each other. As a 501(c)3 non-profit organization, in addition to tuition, we must rely on fundraisers, events, and our Annual Fund to support our operational costs. Our expectation is for each family to participate in giving back to our school in ways that meet their ability. Do you have any hobbies, skills, talents, or interests that you would like to share with our children?

---

---

## TUITION

The Attendance and Tuition Form gives information about rates for the school year. You may choose a tuition payment plan. This plan allows for automatic deductions from your bank account on the 5<sup>th</sup> or 20<sup>th</sup> of each month. If full payment of tuition, After School Care (ASC), or Extra Time amounts due is not received by the end of the month, your child will not be able to attend school or stay in ASC until the balance is paid in full.

---

---

---

---

I certify that all of the information on this form is correct and I authorize verification if needed. If information provided is found to be incorrect, I understand that this application will be declared invalid.

Parent/Guardian 1 Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian 2 Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SAINT JOSEPH MONTESSORI  
CHILDREN'S CENTER**  
161 WEST DRIVE | P.O. BOX 44, NAZARETH, KY 40048  
502.348.1540 | WWW.STJOSEPHMONTESSORI.ORG

**ALLERGY NOTIFICATION FORM**

My child, \_\_\_\_\_, has no known allergies.

or

My child, \_\_\_\_\_, has the following allergies:

Food/Environmental Allergies and Treatment

1. \_\_\_\_\_  
Treatment: \_\_\_\_\_
2. \_\_\_\_\_  
Treatment: \_\_\_\_\_
3. \_\_\_\_\_  
Treatment: \_\_\_\_\_
4. \_\_\_\_\_  
Treatment: \_\_\_\_\_
5. \_\_\_\_\_  
Treatment: \_\_\_\_\_
6. \_\_\_\_\_  
Treatment: \_\_\_\_\_

Other Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SAINT JOSEPH MONTESSORI  
CHILDREN'S CENTER**  
161 WEST DRIVE | P.O. BOX 44, NAZARETH, KY 40048  
502.348.1540 | WWW.STJOSEPHMONTESSORI.ORG

---

---

---

---

**STUDENT INFORMATION FORM**

Student's Full Name \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender \_\_\_\_\_

**PARENT/GUARDIAN 1**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Home \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email \_\_\_\_\_

**PARENT/GUARDIAN 2**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Home \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email \_\_\_\_\_

**EMERGENCY/DISASTER**

*When the above parent/guardian(s) cannot be reached in an emergency and/or cannot pick up in an emergency/disaster, the following individuals are authorized to pick up the child.*



# SAINT JOSEPH MONTESSORI CHILDREN'S CENTER

161 WEST DRIVE | P.O. BOX 44, NAZARETH, KY 40048  
502.348.1540 | WWW.STJOSEPHMONTESSORI.ORG

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
Home Address \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Email \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
Home Address \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Email \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
Home Address \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Email \_\_\_\_\_

**Name of person(s) with court ordered restricted access to the child:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## MEDICAL INFORMATION – QUICK REFERENCE

Known allergies to drugs, foods, etc.

---

---

---

---

---

---

Known activity/dietary restrictions

---

---

---

---

---

# SAINT JOSEPH MONTESSORI CHILDREN'S CENTER

161 WEST DRIVE | P.O. BOX 44, NAZARETH, KY 40048  
502.348.1540 | WWW.STJOSEPHMONTESSORI.ORG

Medical conditions

---



---



---



---

## MEDICAL CONSENT FORM

I/We, the undersigned, have legal custody of \_\_\_\_\_, a student who is a minor, and have given our consent for him/her to attend Saint Joseph Montessori Children's Center (SJMCC). In the event of an emergency, disaster, and/or medical care is needed and I/we cannot be reached, I/we give my/our consent for medical and/or surgical treatment by our preferred doctor at our preferred facility for the aforementioned student. If our doctor is unavailable and/or the emergency transport deems time does not allow for travel to our preferred facility, the on-call doctor at the closest facility may give care.

<b>Primary Physician</b>	
Address	
Telephone	
<b>Preferred Hospital</b>	
Address	
ER Telephone	
<b>Insurance Name</b>	
Policy #	
Holder	

I understand and agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge still be in force for the student named above

Parent/Guardian 1 Name \_\_\_\_\_ Signature \_\_\_\_\_

**SAINT JOSEPH MONTESSORI  
CHILDREN'S CENTER**  
161 WEST DRIVE | P.O. BOX 44, NAZARETH, KY 40048  
502.348.1540 | WWW.STJOSEPHMONTESSORI.ORG

Parent/Guardian 2 Name \_\_\_\_\_ Signature \_\_\_\_\_

**DISMISSAL AUTHORIZATION FORM**

CHILD'S NAME: \_\_\_\_\_

USUAL DRIVER'S NAME: \_\_\_\_\_ DRIVER LICENSE # \_\_\_\_\_

CAR MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_

*If different from above*

PARENT/GUARDIAN 1 \_\_\_\_\_ DRIVER LICENSE # \_\_\_\_\_

CAR MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_

PARENT/GUARDIAN 2 \_\_\_\_\_ DRIVER LICENSE # \_\_\_\_\_

CAR MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_

If an individual other than yourself (parent/guardian) and/or your child's usual driver will be picking your child up from school please list the additional individuals below.

FULL NAME	DRIVER'S LICENSE # OR LAST 4 DIGITS OF SOCIAL SECURITY #	DESCRIPTION OF PERSON	RELATIONSHIP TO CHILD	CAR MAKE, MODEL, COLOR

# SAINT JOSEPH MONTESSORI CHILDREN'S CENTER

161 WEST DRIVE | P.O. BOX 44, NAZARETH, KY 40048  
502.348.1540 | WWW.STJOSEPHMONTESSORI.ORG


Should you need to add more names after school begins, simply inform the school office of the additions.

## STUDENT & FAMILY HANDBOOK ACKNOWLEDGMENT

We have read the Student & Family Handbook and agree to follow the school policies and procedures as stated.

Parent/Guardian 1 Signature \_\_\_\_\_

Parent/Guardian 1 Name \_\_\_\_\_

Parent/Guardian 2 Signature \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_

## FAMILY DIRECTORY RELEASE

\_\_\_\_ I/We agree to have my/our name, phone number, and address published in the Saint Joseph Montessori Children's Center Family Directory. My/our information as we would like to be listed is below:

Parent/Guardian 1 Name \_\_\_\_\_

Parent/Guardian 1 Phone, Address \_\_\_\_\_

Parent/Guardian 1 Spouse's Name \_\_\_\_\_

Parent/Guardian 1 Spouse's Phone \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_

Parent/Guardian 2 Phone, Address \_\_\_\_\_

Parent/Guardian 2 Spouse's Name \_\_\_\_\_

Parent/Guardian 2 Spouse's Phone \_\_\_\_\_

## PHOTO/VIDEO RELEASE

\_\_\_\_ I, the undersigned, hereby give permission for my son/daughter to be photographed or videotaped at Saint Joseph Montessori Children's Center (SJMCC). Furthermore, I give permission for any photo or video of my child at Saint Joseph Montessori Children's Center (SJMCC) or a SJMCC official function to be published on SJMCC's website, newsletters, printed publications, or other official SJMCC documents and/or publications.

# SAINT JOSEPH MONTESSORI CHILDREN'S CENTER

161 WEST DRIVE | P.O. BOX 44, NAZARETH, KY 40048  
502.348.1540 | WWW.STJOSEPHMONTESSORI.ORG

\_\_\_\_\_ I, the undersigned, hereby give permission for my son/daughter to be photographed or videotaped at Saint Joseph Montessori Children's Center (SJMCC). Furthermore, I give permission for any photo or video of my child at SJMCC or a SJMCC official function to be published in a newspaper, a magazine, or other external publication. Please note that external organizations (like a newspaper) may also link any photo or video to their official social media accounts.

\_\_\_\_\_ I, the undersigned, hereby give permission for my son/daughter to be photographed or videotaped at Saint Joseph Montessori Children's Center (SJMCC). Furthermore, I give permission for any photo or video of my child at SJMCC or a SJMCC official function to be published on SJMCC's social media accounts ([www.facebook.com/stjosephmontessori](http://www.facebook.com/stjosephmontessori) and [www.pinterest.com/sjmontessori](http://www.pinterest.com/sjmontessori)).

Child's Name \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## PERMISSION FORM GENERAL

From time to time, the staff of Saint Joseph Montessori Children's Center (SJMCC) may use the Sisters of Charity Nazareth (SCN) campus for activities like nature walks. These outings may be spontaneous and weather dependent. They do not involve mechanized transportation of any kind.

Please indicate below whether you wish your child to participate in such outings. If you do not want your child to participate, s/he will remain in the classroom building to continue working in the Montessori classroom where the administrative staff can monitor him/her.

\_\_\_ **Yes**, please include my child in SJMCC's local outings on the SCN campus, under the supervision of SJMCC staff.

\_\_\_ **No**, please do not include my child in SJMCC's local SCN outings.

Parent/Guardian Name \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

SAINT JOSEPH MONTESSORI  
CHILDREN'S CENTER  
161 WEST DRIVE | P.O. BOX 44, NAZARETH, KY 40048  
502.348.1540 | WWW.STJOSEPHMONTESSORI.ORG

PERMISSION FORM  
HAYRIDE FIELD TRIP

I give my permission for \_\_\_\_\_ to attend  
and participate in the following field trip:

ANNUAL HAYRIDE  
SAINT JOSEPH MONTESSORI CHILDREN'S CENTER AND  
SISTER'S OF CHARITY NAZARETH CAMPUS

The Annual Hayride occurs during the school day on a day in the Fall.  
Families will be notified of the time and date upon publication of the 2015-2016 school calendar.

**Cost**

-0- dollars

*If you would like to chaperone on the field trip, please indicate below:*

Yes! I would like to chaperone this field trip.

In consideration of the making of arrangements for the trip by the school, I hereby release and save harmless the school for any and all liability, for any injuries, loss, or other claims arising or resulting from this field trip. I, the undersigned, authorize the bearer to obtain and authorize any medical treatment that may become necessary for my child while on the field trip.

**SAINT JOSEPH MONTESSORI  
CHILDREN'S CENTER**  
161 WEST DRIVE | P.O. BOX 44, NAZARETH, KY 40048  
502.348.1540 | WWW.STJOSEPHMONTESSORI.ORG

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**PERMISSION FORM  
CLASSROOM PETS**

Dear Parents,

According to Kentucky's Childcare Regulations, we must have on file a written parental consent form in order to maintain classroom pets. Saint Joseph Montessori Children's Center currently houses 2 birds and their birdcage in the Montessori Building. This includes Scala Poplar and the After School Care area. Plans are being made to maintain classroom pets (frogs) in Scala Maple, The Butler Building.

Sincerely,  
Saint Joseph Montessori Children's Center Staff

**922 KAR 2:120 Child-care Center health and safety standards**

Section 13. Animals

(1) An animal shall not be allowed in the presence of a child in care:

(a) Unless:

- a. The animal is under the supervision and control of an adult;
- b. Written parental consent has been obtained; and
- c. The animal is certified as vaccinated against rabies; or

(b) Except in accordance with subsection (3) of this section.

(2) A parent shall be notified in writing if a child has been bitten or scratched by an animal.

# SAINT JOSEPH MONTESSORI CHILDREN'S CENTER

161 WEST DRIVE | P.O. BOX 44, NAZARETH, KY 40048  
502.348.1540 | WWW.STJOSEPHMONTESSORI.ORG

(3) An animal that is considered undomesticated, wild, or exotic shall not be allowed at a child-care center unless the animal is:

(a) a part of a planned program activity lead by an animal specialist affiliated with a zoo or nature conservatory.

I, \_\_\_\_\_ (Parent/Guardian) acknowledge that I have been informed that \_\_\_\_\_ (my child)'s classroom houses several pets.

Parent/Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_

## ATTENDANCE & TUITION FORM

Student's Name: \_\_\_\_\_

Student's Age as of August 1, 20\_\_ : \_\_\_\_\_

Requested Attendance Times: Half Day \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
Full Day \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

### 2015-2016 TUITION

10 MONTHLY PAYMENTS FOR 175 INSTRUCTIONAL DAYS

SCHEDULES	HALF-DAY 7:30 a.m. – 12:00 p.m.	FULL-DAY 7:30 a.m. – 3:30 p.m.
	\$380.50/month	\$566/month

- Hours of operation: 7:30 a.m. – 6:00 p.m., Monday through Friday
- 7:30 a.m. – 8:00 a.m. is Early Care
- 8:00 a.m. – 3:30 p.m. is the School Day
- 3:30 p.m. – 6:00 p.m. is After-School Care
- SJMCC programs are offered for students who are toilet trained 3 years of age to 6 years of age.
- Pre-kindergarten and Kindergarten programs are 5 days a week.



# SAINT JOSEPH MONTESSORI CHILDREN'S CENTER

161 WEST DRIVE | P.O. BOX 44, NAZARETH, KY 40048  
502.348.1540 | WWW.STJOSEPHMONTESSORI.ORG

- Kindergarten students are required to attend the full-day schedule.
- Monthly tuition is paid by automatic withdrawal over a 10 month payment plan from August 2014 through May 2015 for 175 instructional days.

## SIBLING DISCOUNT

- For siblings attending SJMCC at the same time 10% discount for the second child will be given.

## PRE-REGISTERED AFTER-SCHOOL CARE

- After-School Care can be registered for at the beginning of the school year or 48 hours prior to the first of the month.
- Pre-registered after-school care is \$25/30 minutes/month

3:30-4:00	4:00-4:30	4:30-5:00	5:00-5:30	5:30-6:00
\$25	\$25	\$25	\$25	\$25

## EXTRA TIME

- Non-pre-registered extra time is available on a first-requested, first-served basis (as capacity and teacher ratio allows). Please make every effort to give 48 hour notice so that we can provide appropriate staffing.
- Extra Time is billed from SJMCC at the end of the month.
- Extra Time is billed in the full time slots. The rate for Extra Time is as follows.

12:00-12:30	12:30-1:30	1:30-2:30	2:30-3:30	3:30-4:30	4:30-5:30	5:30-6:00
\$2.50	\$5	\$5	\$5	\$5	\$5	\$5

- If 5 minutes or more late, please note that you will be billed for the appropriate time slot.

## FINANCIAL ASSISTANCE

- Financial assistance may be available for qualified families.
- Financial assistance is funded through a grant from the Sisters of Charity of Nazareth and donations.

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

STUDENT'S NAME: \_\_\_\_\_

Pre-School \_\_\_\_\_ Kindergarten \_\_\_\_\_

Saint Joseph Montessori is an organization within the Basilica of Saint Joseph Proto-Cathedral. The business office at the Basilica of Saint Joseph Proto-Cathedral makes all final deposits.

I hereby authorize Saint Joseph Church to initiate debit entries to my checking account indicated below and the depository named below to debit the same to such account.

Depository/Bank Name \_\_\_\_\_

Bank Transit/Routing #/ABA # \_\_\_\_\_ Account # \_\_\_\_\_

Amount per month \$ \_\_\_\_\_

Day of month funds will be withdrawn (choose one)

SAINT JOSEPH MONTESSORI  
CHILDREN'S CENTER

161 WEST DRIVE | P.O. BOX 44, NAZARETH, KY 40048  
502.348.1540 | WWW.STJOSEPHMONTESSORI.ORG

\_\_\_ 5<sup>th</sup> of each month      \_\_\_ 20<sup>th</sup> of each month

I authorize the payments to be withdrawn beginning in the month of \_\_\_\_\_  
*The Saint Joseph Montessori school year is August-May.*

This authority is to remain in full force until the tuition obligation for Saint Joseph Montessori Children's Center has been fulfilled or Saint Joseph Parish has received written notification from I, the undersigned, of its termination in such time and in such manner as to afford Saint Joseph Parish a reasonable opportunity to act on it.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please attach a copy of a voided check in order to ensure accuracy. # \_\_\_\_\_**

Special Notes regarding school schedule:

\_\_\_\_\_  
\_\_\_\_\_