Dear Parents,

We are pleased that your child will be continuing their education at the St. Maarten Montessori Foundation for the upcoming school year 2025/2026. Enclosed you will find the following documents necessary for re-enrollment on **Monday, March 10, 2025.**

**August 2025 – June 2026**

**All forms received must be submitted for your re-enrollment application to be completed.**

* Invoice
* Application for Admission
* Emergency and Health Information ***(please attach a copy of your child’s updated Immunization card)***
* Pick-Up Authorization
* Tuition Contract
* Photograph Permission Form
* Permission Form for Swimming Program
* Uniform Information
* Nagico Student Coverage Form or a copy of a valid Health Insurance Policy.

***On Monday, March 10, 2025, the tuition contract, material fees, and first and last month’s tuition must be submitted as well as your credit card authorization form, or a WIB standing order. For safety purposes.***

**Please make payments via bank transfer to our WIB Account #80382306.**

We look forward to sharing many wonderful experiences with you and your child.

If you have any further questions or concerns, please do not hesitate to contact the school at [montessorisxm@gmail.com](mailto:montessorisxm@gmail.com).

Sincerely,

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

Shelly Jack Gillian Grannum

Principal Vice Principal

**APPLICATION FOR ADMISSION**

Academic Year 2025 / 2026

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ q Male q Female

last first middle

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ Age as of December 31: \_\_\_\_\_\_\_\_\_

month day year

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program:** q Primary 3 yrs – 6 yrs q Lower Elementary – Grades 1, 2 & 3

**(Age as of December 31st qualifies cutoff date to enter class level)**

Able to read: q Yes q No

What languages does your child speak? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate your child's understanding of the English language **(check one)**

q Excellent q Very good q Some understanding q None at all

Has your child attended school before? Yes q No q

Name and location of school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the nature of the school? q Montessori q Traditional q Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate which language class your child will be participating in: q Dutch q French

**Parent Information**

Mother's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# EMERGENCY AND HEALTH INFORMATION

2025 / 2026 Academic Year

Child's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

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

Month Day Year

Name of Insurance Co. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***All students must be insured for the duration of the school year***

**Family Physician Dentist**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Person:** In case of an emergency during school hours please call:

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do we have permission to call an ambulance for your child in an emergency? q YES q NO

**GENERAL HEALTH INFORMATION**

Does your child have any serious medical conditions or allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Specify)**

What medication does your child take on a regular basis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Specify)**

Is your child allergic to any other substances? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Specify)**

Susceptible to ear infections? Yes q No q Hearing difficulty? Yes q No q

Any vision difficulty? Yes q No q Wears glasses? Yes q No q

Any allergies? Yes q No q History of asthma? Yes q No q

**MEDICAL HISTORY**

**Please attach a recent copy of your child’s immunization certificate.** ***(This is important)***

***Pick-Up Authorization***

*2025 / 2026 Academic Year*

*Please list below all persons, other than the parent or guardian, who are authorized to pick your child up from school.*

*Children will not be allowed to leave school with any unauthorized person without a written permission note signed by the parent.*

*Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*The following person/persons are authorized to pick my child up from school.*

*1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*4. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*I understand that if there is any change in authorization, whether permanent or temporary, the school must be notified by a written authorization letter signed by the parent or guardian.*

*Parent / Guardian Name: (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Tuition and Facility Fees Agreement**

**The Academic Year 2025-2026**

*(Page 1 of 2)*

THIS AGREEMENT is entered into by and between St. Maarten Montessori Foundation and the parent or guardian, hereinafter referred to as the parent “guardian”, whose signature appears below.

The parties hereto accept the following terms and conditions governing the child’s enrollment at the school.

1. The parent agrees to enroll his or her son/daughter/protégé \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ class for the 2025-2026 school year. **(Name of student)**

2. The parent agrees to pay the tuition, enrollment fee, and all fees for the grade in which his or her child/protégé is to be enrolled in accordance with the announced rates.

3. Upon signing of this Agreement, the parent agrees to pay the school a **Registration and Material Fee,** **plus a deposit equal to two months’ tuition** that will be applied to the total annual tuition. This fee is **non-refundable** unless the child is denied enrollment for the 2025-2026 school year.

4. The parent understands and agrees that the child is enrolled for the entire school year and the parent is liable for the entire school year’s tuition and fees upon signing this Agreement.

5. The parent further agrees that the withdrawal or dismissal for any reason of the child after the execution of this Agreement **does not relieve** the parent of the responsibility for payment of the entire year’s tuition and fees.

6. The parent agrees to pay tuition in accordance with the payment plan chosen as laid out in the fee schedule for the 2025-2026 school year. Failure to pay tuition by the due dates (1st of each month from September through May) will result in a late fee charge of $ 25.00, after the due date for the account of the parent.

7. The fact that the School allows tuition to be paid in two or more installments does not create a fractional contract or in any way relieves the parent of the responsibility for the entire year’s tuition and fees.

8. The parent agrees that if tuition and fees are not made in accordance with this Agreement, the School shall have the right to refuse to admit the child to class. The parent also agrees that the School shall have the right to withhold the report card until all tuition and fees have been paid. The School also reserves the right to refuse re-enrollment for the following academic year if the previous school year’s fees have not been paid in full.

9. This Tuition and Fee Agreement is not binding until executed by the School and is for the period of one year only. This Agreement is further conditioned upon the child finishing the current year in good standing.

It is the preference how to pay school tuition and fees as indicated by the following payment plan. The method of payment may be changed during the course of the school year.

**Tuition and Facility Fees Agreement**

**Academic Year 2025-2026**

*(Page 2 of 2)*

Annually Bi-Annually Quarterly

q Credit Card q 2 post-dated business checks  3 post-dated business checks

q Direct Deposit q 2 credit card charges  3 credit card charges

11-Months

q 9 Direct Deposit

q 9 credit card charges

International payment/French Side

q Wire transfer with signed credit card guarantee authorization signed form.

Local Banks

q Windward Islands Bank signed a standing order form for monthly direct deposit

 9 Credit Card Payments

Dated this\_\_\_\_\_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2025 – 2026

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St. Maarten Montessori Foundation Signature of Parent(s) or Guardian(s)

# Fee Schedule

August 2025 – June 2026

## Primary Program – Ages: 3 years to 6 years

**Time: 8:00 am to 2:00 pm**

Registration: $100.00 (**for new students only**)

Annual Material Fee: $450.00

Annual Tuition Fee: $11,055.00 (11 payments of $1,005.00)

## Lower Elementary Program – Grades 1, 2 and 3

**Time: 8:30 am to 2:30 pm**

Registration: $100.00 (**for new students only**)

Annual Material Fee: $550.00

Annual Tuition Fee: $11,935.00 (11 payments of $1,085.00)

**Aftercare**

2:15 pm to 4:00 pm $150.00 per month

## Sibling Discount

2nd sibling will receive a $50.00 discount per month

3rd sibling will receive a $25.00 discount per month

## Bus Service

Bus Service is not included in tuition fees. Bus payments must be paid directly to the bus company.

Payment Plan Options

*Annual Payment Plan*

First Payment due at Registration:

Material, Registration, and Tuition deposit to guarantee placement in the program.

Second Payment is due August 1, 2025

Balance of annual tuition.

*Quarterly Payment Plan*

First Payment due at Registration:

Material, Registration, and Tuition deposit to guarantee placement in the program.

The second Payment is due September 1, 2025

The third Payment is due December 1, 2025

The fourth Payment is due March 1, 2026

\*Standing Orders for Direct Deposits and Credit Card Authorization Forms must be submitted upon Registration.

*Monthly Payment Plan*

First Payment due at registration:

Material, Registration, and Tuition deposit to guarantee placement in the program.

Nine checks are made out from September 1, 2025, through May 1, 2026

*Monthly payments are only accepted by direct deposits or credit card authorization.*

*Tuition is a non-negotiable annual fee.*

*Parents are required to sign a Tuition / Fees*

*Agreement upon enrollment and are responsible for*

*The full year’s tuition*

*School fees are non-refundable.*

**Uniform Policy**

The St. Maarten Montessori Foundation requires that all students dress professionally while on school grounds or attending school functions. Students must purchase the required St. Maarten Montessori uniform from Lands’ End, website at [www.landsend.com/school](http://www.landsend.com/school), school code **900137381**or 0-14 Kids, located on AJC Browers Road #1, Philipsburg, phone number 1-721-543-7480 (next to Shop 4 Less).

**Primary Program Uniform (ages: 3 – 6)**

Montessori Polo Shirt (White, Red, or Blue)

Classic Navy or Khaki Pants (long or short)

Classic Navy or Khaki Skirt or Skort

Sneakers or Whole Shoes and Socks

**Lower Elementary Uniform**

Montessori Polo Shirt (White, Red, or Blue)

Classic Navy or Khaki Pants (long or short)

Classic Navy or Khaki Skirt or Skort

Sneakers or Whole Shoes and Socks

**Upper Elementary Uniform**

Montessori Polo Shirt (White, Red, or Blue)

Classic Navy or Khaki Pants (long or short)

Classic Navy or Khaki Skirt or Skort

Sneakers or Whole Shoes and Socks

**Gym wear for All Students**

Montessori T-Shirt (White, Red, or Blue)

Navy or Black Athletic Pants or Sports Shorts

Sneakers and Socks

**Boys and Girls Swimsuits**

Navy one-piece swimsuit for girls

Navy swim trunks for boys

If you have any questions about our uniform policy, please contact us at [montessorisxm@gmail.com](mailto:montessorisxm@gmail.com).

**NAGICO PERSONAL ACCIDENT COVERAGE**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***POLICY NR.#PA776/98***

CHILD’S FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MALE/FEMALE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NATIONALITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS / GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERIOD OF

COVERAGE: FROM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE FAXED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please attach a copy of the child’s identification (Passport etc.) and $25.00 cash***

*Sun Insurance Tel.: 1-721-542-9324 Fax: 1-721-542-9325*

*Nagico Tel: 1-721-542-2739 / 1-721-542-2758 Fax: 1-721- 542-4471 / 1-721- 542-4309*

**BANK INFORMATION**

Payment in **USD** should be sent to:

Correspondent bank: Standard Chartered bank

One Madison Avenue

New York City, N.Y. 10010-3603

U.S.A.

SWIFT BIC. SCBLUS33

**Beneficiary Bank:** The Windward Islands Bank LTD

C.A. Cannegieter Street

Philipsburg

St. Maarten

**BIC/SWIFTT CODE:** WISBSXSMXXX

**St. Maarten Montessori Foundation:**

**Windward Islands Bank USD account # 80382306**

***PLEASE NOTE THAT FEES CAN ALSO BE DEPOSITED DIRECTLY TO:***

***WINDWARD ISLANDS BANK***

**St. Maarten Montessori Foundation**

**ACCOUNT # 80382306**

|  |
| --- |
| Authorization Code:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ref: Agreement to Debit/Credit Card**

This agreement is between the St. Maarten Montessori Foundation and

Mr. / Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the authorization for St. Maarten

Montessori Foundation to debit Mr. / Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Master/Visa card no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Exp.\_\_\_\_\_\_\_\_\_\_\_

for (Name of Student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 School year tuition **2025-2026**, Plus bank charges for the total amount of USD \_\_\_\_\_\_\_\_

1 Tuition for the month (s) \_\_\_\_\_\_\_\_ Plus bank charges for the total amount of USD \_\_\_\_\_\_

1 Tuition Monthly charges of USD \_\_\_\_\_\_\_\_\_\_ Plus bank charges from September 2025 to May 2026

***GRAND TOTAL AMOUNT USD TO BE CHARGED***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent Signature St. Maarten Montessori Foundation

Dear Parents,

**2025/2026 Permission Form**

This is a permission form to photograph your child in the school setting. There may be times when projects or activities will also be videotaped. These pictures will only be used on the school’s Facebook page and/or Website for school purposes.

Please fill out the permission slip below and return it to the school.

Thank you for your assistance.

Sincerely,

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

Shelly Jack Gillian Grannum

Principal Vice Principal

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

q I give permission to the St. Maarten Montessori Foundation and its teachers to photograph or videotape my child during school activities. I understand that these photos may be used on the school’s Facebook Page and Website.

q I do not want my child photographed or videotaped at any time.

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

Parent Signature Date

Dear Parents,

**Permission Form for Swimming Program**

**2025/2026**

Our school offers a supervised swimming program as part of our curriculum. For a student to participate in our swimming program, the student must have some experience in a 14-foot or 4-meter pool.

Please complete the permission slip below and return it to school.

Thank you for your assistance.

Sincerely,

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

Shelly Jack Gillian Grannum

Principal Vice Principal

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child taken swimming lessons? 1 Yes 1 No

Level: 1 No swimming Experience 1 Beginner 1 Intermediate 1 Advance

Does your child have a medical condition or take medication that would be relevant to swimming?

1 Yes 1 No If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 I give permission to the St. Maarten Montessori Foundation for my child to participate in the swim classes.

1 I do not give permission to the St. Maarten Montessori Foundation for my child to participate in the swim class. Reason why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent Signature Date