



# THE GARLAND SCHOOL

Greetings Families,

The Garland School's mission is to support your child's innate capacity to love, work, and play.

We are a Waldorf inspired Nursery and Kindergarten serving children 12 months to 6 years old. Our program follows the natural rhythms of the day and the seasons with extended outdoor play and exploration. The regular school day is from 8:30 a.m. to 3:30 p.m. or a part-day option from 8:30 to 12:30 with before-care at 8:00 a.m. and after-care offered until 5:00 p.m. The children are provided local and/or organic snacks and a warm wholesome lunch. We support parenting, families and community by creating space for gatherings, parent evenings, and celebrations of the seasonal festivals. As a community centered school, we depend on your community involvement and commitment to function and thrive.

If you have any questions, please call.

Sincerely,

Stephanie Keep, Administrator

PO Box 2426, Austine Drive  
BRATTLEBORO, VERMONT 05303  
802.258.9531  
[Garlandchild@aol.com](mailto:Garlandchild@aol.com)  
[www.thegarlandschool.com](http://www.thegarlandschool.com)

## SAMPLE NURSERY-KINDERGARTEN CURRICULUM

8:00	BEFORE CARE (IF NEEDED)
8:30	CHILDREN ARRIVE AND SETTLE IN WITH FREE PLAY
9:00	CIRCLE TIME
9:15	BREAKFAST
9:45	OUTSIDE PLAY
11:15	PREPARE FOR LUNCH
11:30	LUNCH TIME
12:30	HALF DAY CHILDREN LEAVE/STORY TIME
1:00	REST TIME
1:45	AFTER REST IS FREE PLAY WITH SNACK OFFERED
3:30	SCHOOL DAY ENDS
3:30 -5:00	AFTER CARE OFFERED

### **WEEKLY KINDERGARTEN CURRICULUM SPECIALS: Examples**

MONDAY: SEWING

TUESDAY: PAINTING

WEDNESDAY: BREAD MAKING

THURSDAY: PUPPETRY



## The Garland School 2017-2018 Enrollment Contract

A tuition deposit of \$400 is due upon return of enrollment contract. This is a non-refundable deposit.

### Options for Enrollment

**Morning Day 8:30-12:30**

**Extended Day 8:30-3:30**

**Singing Crickets Kindergarten**

7,500

**Singing Crickets Kindergarten**

12,500.

**Morning Glory Nursery**

7,500.

**Morning Glory Nursery**

12,500.

**Rosebud Nursery**

7,800.

**Rosebud Nursery**

13,000

I/We contract to enroll \_\_\_\_\_ at The Garland School for the 2017-2018 school year. Enclosed is the \$400.00 tuition deposit to be applied to the annual tuition.

I/We agree to pay \$\_\_\_\_\_ in tuition for the 2017-2018 school year. NOTE: You may be eligible for a full or partial subsidy through Windham County Childcare Association (WCCA). They may be reached at 802-257-2887. (For Vermont residents only. Please contact the corresponding office in your state). Please ask us about public preschool funding for children ages 3-5 which can help with tuition costs. Also, ask us for an application for tuition assistance from the Garland School, 802-258-9531.

I/We choose to pay the annual tuition using the payment plan chosen below:

- 1) Annual payments
- 2) Bi-annual payments
- 3) Monthly payments (10 payments due September through June, paid on the 1<sup>st</sup>)

I/We understand that there is a \$10.00 late fee for payments made after the 10<sup>th</sup> of the month. Please contact our administrator to discuss a special payment plan if need be. If tuition is over two months late, your child's enrollment will end until the bill is paid to date.

I/We understand that changes to our child's schedule can be done at any time, but that tuition can only be modified in the first month of the school year. Tuition will remain the same for changes of lesser or equal value; tuition will increase if schedule change is greater than initially agreed upon at the time of registration. It is important for the school to uphold its working foundation through events of change.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



**THE GARLAND SCHOOL  
ENROLLMENT FORM 2017-2018**

Date \_\_\_\_\_

**CHILD INFORMATION**

Child's Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**Parent/Guardian Full Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Work Site Address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Parent/Guardian Full Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Work Site Address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**EMERGENCY CONTACTS**

If neither parent can be reached in case of an emergency, call:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name of Child's Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name of Child's Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_

**ADDITIONAL INFORMATION ABOUT YOUR CHILD (two contacts required)**

If your child has any allergies, takes medication or has special dietary requirements, or other identified needs, please describe (use additional sheets if necessary):

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

**Turn Over →**

**PERMISSION & UNDERSTANDING STATEMENTS**

(Initial Below)

\_\_\_\_ I understand every effort will be made to contact me in case of emergency. I hereby authorize the Garland School to obtain emergency medical care for \_\_\_\_\_ (Name of child).

\_\_\_\_ I authorize my child ( \_\_\_\_\_ ) to participate in wading pool activities.

\_\_\_\_ I hereby authorize transportation to be provided. I acknowledge that the Garland School has provided me with a general description detailing types, frequency and sample destinations when children may be transported.

\_\_\_\_ I acknowledge that I have read the handbook understand the following :

- Daily schedule
- Walking trips happen on the Austine Campus
- Substitute caregiver(s)
- Typical activities (indoor and outdoor)
- Car trips, if any (NONE: Emergency Purposes Only)

\_\_\_\_ My child may have his/ her photo used in The Garland School materials.

Please provide any other information about your child, which would be helpful, such as play habits, sleeping habits, fears, likes, dislikes, etc.

---



---



---



---



---

The following persons are authorized to pick up my child:

1. \_\_\_\_\_ Daytime phone # \_\_\_\_\_
2. \_\_\_\_\_ Daytime phone # \_\_\_\_\_

Please attach to this form either:

- 1) Evidence of immunization appropriate to your child’s age, OR
  - 2) An immunization religious exemption form.
- and
- 3) Annual Wellness Visit Form.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian