



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
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 2018-2019 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

7,875

Singing Crickets Kindergarten

13,015.

Morning Glory Nursery

8,030.

Morning Glory Nursery

13,330.

Rosebud Nursery

8,190.

Rosebud Nursery

13,650.

I/We contract to enroll _____ at The Garland School for the 2018-2019 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 2018-2019 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 1st)

I/We understand that there is a \$10.00 late fee for payments made after the 10th 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 2018-2019**

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