



Hearts and Hands Montessori, Inc.

1660 Amsterdam Road
Belgrade, MT 59714
406-388-8876

heartsandhandsmontessori@yahoo.com

Office Use Only:

Date Rec'd: _____

Start date age: _____

Enrollment Application

Child's Name: _____ Current age: _____

Date of Birth: _____ OR Due Date: _____ Gender: Male Female

Requested Enrollment Start Date: _____

Circle One: Infant (age 0-2) Toddler (age 2) PreK (age 3) Primary (age 4-5)

Circle Schedule Preference:

7:30am- 5:30pm 5 Full days 4 Full days 3 Full days 2 Full days 1 Full day

7:30am-3:30pm 5 School days 4 School days 3 School days 2 School days 1 School day

Circle Preferred Days: Monday Tuesday Wednesday Thursday Friday

** 2 day minimum schedule required.**

I am flexible on days Yes No I can start with what is available Yes No

Approximate Drop Off & Pick-Up Times: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____ Occupation: _____

Mother's Cell number: _____ Work phone: _____

Mother's Email: _____

Father's Name: _____ Occupation: _____

Father's Cell number: _____ Work Phone: _____

Father's Email: _____

Best Contact Phone: Please Circle Mother: work/cell Father: work/Cell

Circle those which apply to Biological Parents: Married Separated Divorced Domestic Partners

Name of person(s) financially responsible: _____

Best EMAIL to be used for billing: Please Circle Both Mother email Father email

Is your child up to date on vaccinations for their age? Please Circle Yes No Not planning to vaccinate

Legal guardian Name, number, and address if other than parents: _____

How did you first hear about Hearts and Hands (if you were referred by a current family, please put their name here, so we can THANK them!): _____

Toddlers-Primary: Is your child potty trained? Can use the toilet independently. Yes Not yet

Toddlers-Primary: Does your child routinely nap? Yes No If yes, for how long? _____

Has your child attended childcare or any other program previously? Where and for how long:

Have any situations occurred at another childcare program involving your child that required additional meetings or outside assistance or screenings? Yes No

If yes, please explain: _____

Does your child have any psychological, emotional, physical condition or special needs that staff should be aware of during your child's attendance at Hearts and Hands? If so, are there assessments or additional documents we should obtain? Yes No

What has inspired you most to enroll with Hearts and Hands? _____

Have you enclosed your \$50 application fee? Not yet Yes Office initials: _____

***Please note: If you wish to secure your child's place on our waiting list/in our classroom, submit this application, immunization record/exemption, and a \$50 one-time non-refundable application fee.**

*Your application will be placed on our wait list. Spots are given based on availability and in the order your application was received. After being contacted, you have 48-hours to reply with a decision or we will proceed down the list.

*If you have difficulty, or anticipate difficulty making timely payments of any fees or monthly tuition, please speak with Director to discuss payment options as we are willing to work with you. *Thank you.*

By signing this application, you agree to the school terms listed above, including financial responsibility as listed in this application, and give consent that Hearts and Hands' Director, administrator or teacher may contact all parties listed to gather any information related to caring for your child's needs during the application process and as long as your child is enrolled with Hearts and Hands.

Signed _____ Date _____
Parent or Guardian

Signed _____ Date _____
Parent or Guardian