



# Hearts and Hands Montessori, Inc.

1660 Amsterdam Road  
Belgrade, MT 59714  
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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 Mother email Father email Both

Guardian Name, number and address if other than parents: \_\_\_\_\_

How did you first hear about Hearts and Hands: \_\_\_\_\_

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 in our classroom, submit this application with a \$50 one-time non-refundable 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