

Circle enrollment needs:

OFFICE USE:

Received: _____



Hearts and Hands Montessori, Inc.

1660 Amsterdam Rd., Belgrade, MT 59714
406-388-8876 // heartsandhandsmontessori@yahoo.com

School OR **Full**
7:30am-3:30pm 7:30am-5:30pm

Monday

Tuesday

Wednesday

Thursday

Friday

Requested start date:

Pre-Enrollment Intake Questionnaire

Child's Name: _____ DOB or DUE Date: _____ Age: _____ Male // Female

Parents/Legal Guardian Name/s: _____

Best contact for Parents/ Legal Guardians: Phone: _____ Email: _____

1. **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!): _____

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

3. **What qualities are most important when choosing a program:** Please circle

Hours Location Cleanliness Price Reputation Quality of Care Montessori Inspiration Other _____

4. **Toddlers-Primary: Is your child potty trained?** Yes // No **Can they use the toilet independently?** Yes // No

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

If no, please note that we are required to offer a rest period to all children in attendance

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

7. **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:** _____

8. **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 **If yes, please explain:** _____

9. **Food allergies/dietary restrictions?** Yes // No **If yes, what:** _____

10. **Do you have backup care in the event of an emergency-non-scheduled closure day?** Yes // No

11. **Is your child up to date on vaccinations for their age?**

Yes // Planning to vaccinate // Not planning to vaccinate/Exempt // No, why: _____

*If "yes", we will need an up-to-date immunization record. If "no", please make an appointment with your provider to get them up to date for their age. If "not planning to vaccinate/exempt", please provide appropriate notarized exemption and reason for non-vaccination status.

Please return the completed Pre-Enrollment Intake Questionnaire with an up to date immunization record and our staff will contact you via email to let you know whether we believe our program is a good fit for your family, if space is available for your requested schedule, and/or if you will be placed on the waiting list.

Once you receive the emailed update, if you choose to be placed on the wait list, a \$100 application fee and your completed official application will be required.

Placement is determined based on availability and the order in which applications are received. When a space becomes available and you are contacted, you will have 24 hours to respond with your decision. If we do not hear back within that time frame, we will move on to the next family on the list.

We look forward to caring for your family, Hearts and Hands Montessori