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 INFORMATION

Child's Name: _____ **Current age:** _____

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

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

ENROLLMENT OPTIONS

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**

OR

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**

MOTHER'S INFORMATION

Mother's Name: _____ **Occupation:** _____

Mother's Cell number: _____ **Work phone:** _____

Mother's Email: _____ **Best contact phone: work // cell**

FATHER'S INFORMATION

Father's Name: _____ **Occupation:** _____

Father's Cell number: _____ **Work Phone:** _____

Father's Email: _____ **Best contact phone: work // cell**

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

FINANCIAL/BILLING INFORMATION

Name of person(s) financially responsible: _____

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

Have you enclosed your $50 application fee? **Not yet // Yes** **Ref. No.** _____ ***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.**

By signing this application, you agree that the school 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