

American Montessori, Inc.

Burnsville

952-736-1004

Apple Valley

www.americanmontessori.com

Child Enrollment Application (Effective January 2018)

Location

Location you are enrolling in?
(Circle One)

Apple Valley
14401 Pilot Knob Road
Apple Valley, MN 55124

Burnsville
13973 W. Preserve Blvd.
Burnsville, MN 55337

Child Information

Child's Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ Age _____ Sex _____

Previous Montessori / Childcare Experience? Yes or No _____ Where? _____

Parent Information

Mother's Name: _____ Occupation: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Home address: _____

Employer: _____ Business address: _____

Email Address: _____

Father's Name: _____ Occupation: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Home address: _____

Employer: _____ Business address: _____

Email Address: _____

Child Start Date / Other Information

Start Date _____ Orientation Date(s) _____

Arrival Time _____ Departure Time _____

Person responsible for dropping off/picking up child _____

Other authorized individuals if any 1. _____ 2. _____ 3. _____

Please circle one category below that best describes your child's ethnic background:

1. White 2. African American 3. Hispanic/Latino 4. Asian 5. American Indian 6. Pacific Islander 7. Two or more

Primary language spoken in the home is _____

Are parents? Married / Divorced / Separated / Single (Pick One)

Who does child live with? _____ Siblings? Age(s)? _____

Medical & Health

Immunization Record and Emergency Card must be turned in with Application.

Does child have any allergies, physical or mental handicaps, dietary or medical needs or have a contagious disease?

Yes or No (Pick One)

If Yes, Please Explain _____

(At the time of enrollment it is your responsibility to have your child needs well documented, inform and educate the staff. It is also your responsibility to update and inform of any changes to those needs that occur throughout the years.)

If you answered yes above, the Health Care Summary MUST accompany this application, as well as all necessary documentation from your child's healthcare provider. This will assist us during emergencies and non-emergencies. If you answered no, the Health Care Summary is due within **30** days of application.

If an emergency situation or serious illness occurs, I authorize American Montessori to take the necessary action.

Sign Here

Date

Children should be dressed appropriately for classroom activities and outdoor activities. To avoid power struggles and to keep the children more focused on classroom activities, we are requesting the following:

- Children **DO NOT** wear any jewelry or belts.
- Children **DO** wear shoes with Velcro for independence, also the shoes should cover toes and be snug on the feet, **(No open toe shoes, flip flops, crocs, sandals or any shoe similar to these), if children are wearing these, they will need to sit out from activities for their safety and to prevent accidents.**
- American Montessori will **NOT** be held responsible for losses or damages to anything brought into the premises (toys, clothing, books, show & tell, etc.), please be sure to take your belongings home at the end of day, includes Lunch Bags, Snow Pants, Jackets, Letter Bag, Books, Extra Shoes or anything else brought from home.
- All items that are brought from home **MUST** have your child's first and last name on it, includes Jackets, Books, Toys, Etc.
- No outside food or drink may be brought into the premises without the permission from Miss Sandy because of some children that may have food allergies. In a case of special occasions, like birthdays, all treats should be store bought and have the wrapper on them. There is absolutely **NO PEANUT** or **PEANUT BUTTER** products allowed in the school due to allergies.
- Parents are responsible for purchasing the supply list that is provided at enrollment.

General Information

Please Pick One

Where did you hear about American Montessori?

Website / Phone Book / Friend / Drive By

We are open all year round with the exception of the following school closings

School Closings - The days our school will be closed are as follows:

Memorial Day, Independence Day, Labor Day, Thanksgiving Day & Day After Thanksgiving, December 24th through January 1st. (School will resume Wednesday, January 2, 2019). There will be no refund for these holidays, vacation, illness/sick days, and school closings due to bad weather and **payment is expected.**

NO EXCEPTIONS PLEASE (See School Calendar for exact Dates)

Right of Refusal

American Montessori has the right to request that a child be withdrawn, if the child is not adjusting to or benefiting from the environment or if parents do not cooperate with the school polices and the Directress (Miss Sandy) and this application. This includes disrespect of staff, students or other parents.

Eligibility/Discrimination Policy

American Montessori admits students of any race, color, religion, gender, handicap, or national or ethnic origin to all the rights, privileges, programs and activities available to students. Our school is multicultural, anti-biased, gender fair, special needs aware, ecology sensitive, and peace promoting.

Rates / Hours / Fees / Billing Structure / Non-Payment

Rates

- Toddler/Preschool/Pre-K/Kindergarten – Full Time Rate \$ _____ per week
- Toddler/Preschool/Pre-K/Kindergarten - Part Time Rate \$ _____ per week
- **Fees DO NOT include food or beverages** - Food & beverages must be brought from home.
- (No more than **9.5** hours a day, there is a **\$5.00 charge** for each additional ½ hour)

Hours

- **Hours of Operation** are from 7:00AM to 5:30PM. All children must be picked up no later than **5:30PM**. If enrolled in the 4 hour / 5 hour program, must pick up on time or the same late fee will apply. There will be a **\$5.00 per minute** charge for first minute and **\$1.00 each additional minute** that you are late payable immediately upon pickup.
NO EXCEPTIONS PLEASE. (Please respect the teacher's personal time by picking up your child on time, and plan accordingly to allow yourself enough time including during bad weather days.)

Fees

- **Registration fee** of \$100.00 will be required when this application is turned in for processing along with all other required enrollment forms. It is your responsibility to be sure that all the information contained in the forms are kept up to date.
- **Weekly Fees** are due every Monday for the following week (Paying 1 week ahead)
- **Bounced Check Fee** - There will be a \$30.00 fee for returned (bounced) checks, if more than two checks are returned unpaid, only money orders will be accepted from then on.
- **Extra Fees** – Activities and Field Trips may cost extra; you are responsible to pay these as well.

Billing Structure – you are responsible to pay for 52 weeks a year

- The **last week of December fees and first week of January fees** are due on or before the school is closed for the holiday break in December.

Non-Payment

- **Non Payment** - if fees haven't been paid your child will be unable to attend until payment is made. We also require that you give a 2 week paid notice when your child will be leaving. If you are unable to pay due to employment loss or other circumstances, please notify Miss Sandy immediately; do not continue to attend unless you can pay or unless prior arrangements have been made with Miss Sandy. If late payment is made after the due date, there is a \$5.00 per day service charge that you will need to pay with the next payment. Persistent late payments are grounds for termination of child care. Child care positions will be lost after two weeks of non-payment. (Late fees will still accrue until the account is paid in full).

Client Responsibility

- Clients are responsible to pay for all late payments, late fees and two weeks' notice even after termination of child care. Clients will also be held responsible for all court, attorney and collection agency fees involved in collection of late payments, late fees and two weeks' notice.

Closing

I (we), the undersigned, have read, received and understand American Montessori policies and agree to follow them. Prior notification of policy changes can be expected.

By signing below I (we) agree to all the terms and conditions of this application/contract.

I (we) have read and understand completely the above terms:

Signature of Parent or Guardian

Date

Signature of Directress

Date

Notes and comments:

For Office Use Only

Registration Fee Paid:\$ _____ Date: _____ By: _____