

American Montessori, Inc.

Burnsville

952-736-1004

Apple Valley

www.americanmontessori.com

Child Enrollment Application (Effective January 2026)

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 / Parent 1 Name: _____ Occupation: _____

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

Home address: _____

Employer: _____ Business address: _____

Email Address: _____

Father's / Parent 2 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, Health Records, Well Visit and Emergency Card must be submitted with the Application packet.

Does the child have any allergies, physical or mental handicaps, dietary or medical needs, contagious diseases, special needs, or an IAP from the school district? Are they experiencing delays in emotional, social, or verbal development?

Yes or No (Pick One) If Yes, Please explain _____

(At the time of enrollment, it is your responsibility to document your child's needs thoroughly and educate the staff. It is also your responsibility to inform us of any changes to those needs that occur over time.) **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, counselor, or therapist.** This will assist us during emergencies and non-emergencies.

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

Sign Here _____ Date _____

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

Children **should not** wear any jewelry or belts, Children **should** wear shoes with Velcro for independence. These shoes must cover toes and fit snugly. **(No open-toe shoes, flip flops, crocs, sandals, or similar footwear). If children wear 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 items brought into the premises (toys, clothing, books, show & tell, etc.). Please ensure all belongings are taken home at the end of the day, including lunch bags, snow pants, jackets, letter bags, books, extra shoes, or any other items brought from home. All items brought from home **must** have your child's first and last name on them, including jackets, books, toys, etc. No outside food or drink may be brought into the premises without permission from Miss Sandy due to some children having food allergies. For special occasions, such as birthdays, all treats should be store-bought and have the wrapper intact. **No peanut or peanut butter** products are allowed in the school due to allergies.

- **Parents are responsible for purchasing the supply list provided at enrollment.**

General Information

Where did you hear about American Montessori?

Please Circle One

Website / Friend / Drive By

Our school is open throughout the year, except for school closings. Please refer to the school calendar for details. We regret to inform you that refunds will not be provided for holidays, vacations, illness/sick days, or school closings due to inclement weather, and **payment must be made as usual. Thank you for your understanding.**

Right of Refusal - American Montessori reserves the right to request the withdrawal of a child if they are not adjusting to or benefiting from the environment, or if parents do not adhere to the school policies and directives set by the Directress (Miss Sandy) and this application. This includes any instance of disrespect towards staff, students, or other parents.

Eligibility/Discrimination Policy - American Montessori admits students of any race, color, religion, gender, disability, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Our institution is multicultural, anti-biased, gender-fair, conscious of special needs, ecologically sensitive, and committed to promoting peace.

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

- Toddler/Preschool/Pre-K/Kindergarten – Full Time / Part Time

Rate: \$ _____ per week

Fees DO NOT include food or beverages - These must be provided from home.

Fees

- A **Registration fee** of \$100.00 is required upon submission of the required medical documents and application packet.
- **Weekly fees** are due every Monday for the upcoming week (payment is expected one week in advance).
- **Bounced Check Fee** - There will be a \$30.00 fee for any returned (bounced) checks. If more than two checks are returned unpaid, only money orders will be accepted henceforth.
- **Additional Fees** – Certain activities and field trips may incur extra costs; you are responsible for these expenses as well.
- **Credit Card Surcharges** – A 3% - 5% surcharge will apply to all credit card payments to offset processing costs.

Client Responsibility

- Clients are responsible to cover all late fees, including the 30-day notice period, even following termination of childcare services. Furthermore, clients will be held accountable for any court, attorney, and collection agency fees involved in the recovery of overdue payments and related charges.

Acknowledgment

I (we), the undersigned, acknowledge receipt and understanding of American Montessori's policies and agree to comply with them. Notifications of policy changes will be provided in advance.

By signing below, I (we) agree to all the terms and conditions outlined in this application.

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

Parent Signature _____ Date _____ Miss Sandy Signature _____



MONTESSORI INC.

Health History – Infant/Toddler/Preschool/School Age

(To be completed by parent before admission)

Section A: Health History

1. Does this child seem well most of the time?	Yes	No
2. In a year, has this child has as many as three episodes of ear trouble ?	Yes	No
3. In a year, does this child usually have more than three colds or sore throat infections with a fever?	Yes	No
4. Does this child have trouble getting rid of severe coughs ?	☐ Yes	☐ No
5. Does this child complain frequently of headache, leg ache, stomach ache or other pain ?	☐ Yes	☐ No
6. Has this child had trouble with his/her eyes or vision ?	☐ Yes	☐ No
7. Is child's appetite usually good?	☐ Yes	☐ No
8. Does this child chew unusual things such as pencils, cribs, window ledges, paint chips, plaster or hair (Pica)?	☐ Yes	☐ No
9. Does this child have any trouble sleeping ?	☐ Yes	☐ No
10. When was he/she last seen by a dentist ? (Date: _____), (If over six months, check NO)	☐ Yes	☐ No
11. Was all the dental work he/she suggested completed?	☐ Yes	☐ No
12. Was this child seen by a doctor since last clinic exam?	☐ Yes	☐ No
If yes, when? _____ What for? _____	☐ Yes	☐ No
13. Is this child taking any medicines now (for example: Aspirin, Laxatives, etc.)?	☐ Yes	☐ No
If yes, what medications? _____ What for? _____	☐ Yes	☐ No
14. Past History – Circle any of the following conditions this child has ever had:	☐	☐
• “Red” or “Hard” Measles • German or 13 day measles • Mumps • Physical handicap • Convulsions, Seizure, fits • Heart Trouble • Allergies (Eczema, hives, drug or food intolerance, hay fever, wheezing, asthma)	• Kidney or bladder infection • Diabetes • Pneumonia • Meningitis • Scarlet Fever • High Fever (Above 104 for 3 days or more)	• Birth injury or defect • Head Injury • Chickenpox • Premature Birth • Trouble Breathing at birth
15. Recent History - Circle any of the following this child has had recently:		
• Frequent Urination • Small stream or dribbling • Burning or Painful Urination • Constant Cold	• Bowel Problems • Dizziness, fainting spells • Tires Easily • Swollen Glands	• Shortness of Breath • Difficulty Hearing • Bleeds Easily • Joint Pain
16. Other illness or disease ?	Yes	No
If yes, what? _____		
17. Has this child been hospitalized ?	☐ Yes	☐ No
If yes, for what? _____		
18. Has this child had any serious accidents or ingestions ?	☐ Yes	☐ No
If yes, list type, when and how treated? _____		
19. Does this child have any physical restrictions ?	☐ Yes	☐ No
If yes, what? _____		
20. Has this child ever been seen by a medical specialist?	☐ Yes	☐ No
If yes, who and why? _____		
21. Has this child ever had a sickle cell test ? (If yes, when? _____)	☐ Yes	☐ No
	☐	☐

Section B: Growth and Development History

1. Does child get along well with?

Mother

☐ Yes ☐ No

Father

☐ Yes ☐ No

Brothers

☐ Yes ☐ No

Sisters

☐ Yes ☐ No

Other Children

☐ Yes ☐ No

Comments: _____

2. Are you concerned about your child in any of the following areas?

a. Bedwetting

☐ Yes ☐ No

b. Wetting during the day

☐ Yes ☐ No

c. Difficulty going to bed or staying in bed

☐ Yes ☐ No

d. Bad dreams, wakefulness, disturbed sleep

☐ Yes ☐ No

e. Biting nails, nervous habits

☐ Yes ☐ No

f. Thumb sucking

☐ Yes ☐ No

g. Stammering or stuttering

☐ Yes ☐ No

h. Irritability, easily upset, feelings hurt easily

☐ Yes ☐ No

i. Restlessness, over activity

☐ Yes ☐ No

j. Daydreaming, mind not on what he/she is doing

☐ Yes ☐ No

k. Overly cautious, fearful, shy

☐ Yes ☐ No

l. Wanting too much attention, comfort or support, clinging

☐ Yes ☐ No

m. Breath Holding

☐ Yes ☐ No

n. Contrary, stubborn, uncooperative, disobedient

☐ Yes ☐ No

o. Selfishness, inability to share

☐ Yes ☐ No

p. Jealousy

☐ Yes ☐ No

q. Anger, temper tantrums

☐ Yes ☐ No

r. Destroying things on purpose

☐ Yes ☐ No

s. Clumsiness, awkwardness

☐ Yes ☐ No

t. Too much concern about sex for age

☐ Yes ☐ No

Comments: _____

3. What experience has this child had with groups (Day Care, Preschool, Head Start, church or temple school)? _____

4. Is there anything additional that you would like to tell us about your child? _____

Parents Signature:

Date Signed:



Emergency Contact and Medical/Dental Information for a Child

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
()	()	()	()
Primary Phone	Secondary Phone	Primary Phone	Secondary Phone
Email Address	Email Address		
Address	Address		
City, State, ZIP Code	City, State, ZIP Code		

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. In the event of an ambulance ride, a staff person will go with the child in the ambulance if parent/guardian cannot be reached. Emergency contacts have access to this information.

Parent's/Guardian's Signature	Date
-------------------------------	------

Medical and Dental Information

Hospital/Clinic Preference:	Dental Clinic Preference
Physician's Name:	Dentist's Name:
Insurance Company:	Insurance Company:
Address:	Address:
Phone Number:	Phone Number:
Policy Number:	Policy Number:

Alternative/Non-Parent/Guardians Authorized to Pick up Child (with verification of identification)

Primary Emergency/Authorized Contact #1		
Primary #:	Secondary #:	Relationship to Child:
Address:		
City, State and Zip:		

Primary Emergency/Authorized Contact #2		
Primary #:	Secondary #:	Relationship to Child:
Address:		
City, State and Zip:		

Child Lives with ☐ Mom ☐ Dad Arrival Time: _____ Departure Time: _____

Child Attends ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday



(To be completed by parent before admission)

8. Are there any other concerns or questions you have?_____



Permission Form for Applying Products

Sunscreen/Insect Repellent should be applied by you at home prior to your child/children coming to school, we will reapply as needed with your written permission

I authorize American Montessori and its staff to apply the following products listed below (**sunscreen or sun block with UVB and UVA protection of SPF 15, diaper cream, lotion, chapstick, etc.**) (These products should be brought from home, have your child's name on it.) as needed

Product Names: _____

By signing below, I authorize American Montessori to apply the above listed products as directed above.

Permission Form for Basic Field Trips and Other Activities

I authorize American Montessori and its staff to take my child on basic field trips within 1 - 2 blocks of the school, such as the park behind the school (These trips are walking trips and **DO NOT** require us to cross any streets)

I authorize American Montessori to let my child participate when there are guests that visit the school such as Storytellers, Puppet Shows, Magicians, Science, Bouncers, etc.

I authorize American Montessori to let my child participate in practice for the school programs, which include songs, dance and music.

I authorize American Montessori to let my child participate in extracurricular activities such as tumbling, Zumba, Yoga, dance, gymnastics, etc.

By signing below, I authorize my child for the above listed activities, I also understand that for major field trips, which require a bussing company, permission slips will be given to me prior to that event for me to fill out. I also understand that there may be additional costs for field trips and extracurricular activities.

SIGNED PARENT HANDBOOK FORM

****Please sign and date below to indicate that you have read through the American Montessori Parent Handbook located on the website and then give to Miss Sandy to put in your child's file. If you have any questions, please feel free to talk with Miss Sandy or email her at sandy@americanmontessori.com**

This record will remain in your child's file, please keep the handbook for future reference.

As American Montessori continues to grow, the need may arise for revision, and American Montessori reserves the right to revise, supplement, or cancel any policies as deemed appropriate in its sole and absolute discretion. You will be notified of changes to the handbook as they occur.

MEDIA, PICTURES, CLIPS CONSENT

During normal day to day activities organized at American Montessori and special events such as field trips, holidays, programs, we sometimes will take a picture or a quick video clip of the children to send to you the parent and/or to use for school newsletters, displayed in classroom, American Montessori website or other promotional materials, these are just for school use and yearbooks.

By signing below, I authorize my child to be in the pictures or videos for American Montessori use.

Today's Date: _____

Child's Name: _____

Child's Date of Birth: _____

Parent Name: _____

Parent Signature: _____