



Hearts and Hands Childcare Center

Hearts and Hands Montessori, Inc.
1660 Amsterdam Road
Belgrade, MT 59714
388-8876



"Small hands, Big hearts"

Infant - Toddler Enrollment Application

Child's Name: _____ Current age: _____

Date of Birth: _____ Male Female

Applying for the Infant - Toddler program, Start Date: _____

Circle Schedule Preference: 5 Full days 4 Full days 3 Full days 2 Full days 1 Full day
5 half days 4 half days 3 half days 2 half days 1 half day
am Monday pm am Tuesday pm am Wednesday pm am Thursday pm am Friday pm

Approximate Drop Off & Pick Up Times: _____

Best Contact Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____ Occupation: _____

Mother's Cell number: _____ Work: _____

Father's Name: _____ Occupation: _____

Father's Cell number: _____ Work: _____

Circle those which apply to Biological Parents: Married Separated Divorced Domestic Partners Never Married

Guardian Name, number and address if other than parents: _____

Name of person(s) financially responsible: _____

Address to be used for billing if other than home address: _____

How did you first hear about Hearts and Hands: _____

Names, ages and sex of other children in the family: _____

Toddlers: Has your child begun toilet training at home? Yes Not yet

Briefly, please list a few things you enjoy doing with your child? _____

Please tell us a few things your child loves to do: _____

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

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

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? _____

Are there any assessments, documentation etc. or additional information regarding this child that we should know about? _____

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.

***Annual Fee of \$50 will be applied each September.** This is a non-refundable fee which will be applied to program operations and development.

*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 &/or Lead Caregivers 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