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

Primary Enrollment Application

Age 3-6years

Child's Name: _____ Current age: _____

Date of Birth: _____Sex: _____

Applying for the Primary classroom, Start Date: _____

Please 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 and Pick up Times: _____

Home 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: Married Parents separated Parents 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: _____

_____

Is your child using the toilet independently yet? Yes No In the Process

Has your child attended childcare or preschool previously, where and how long?

_____

_____

What kinds of things do you enjoy doing with your child? _____

_____

Briefly describe your child: _____

_____

Why have you chosen to apply to Hearts and Hands? _____

_____

Has your child ever been suspended or have other situations occurred at another school or daycare involving your child that required additional parent/teacher meetings? 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 student 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.

*If you have difficulty, or anticipate difficulty making timely payments of any fees or monthly tuition, please speak with Head of School to discuss payment options. 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 Montessori, Inc. may contact all parties listed to gather any information we may need for admissions and while enrolled.

Signed _____ Date _____
Parent or Guardian