



ENROLLMENT AGREEMENT

•I have submitted an application for my child _____
to attend Heartwood Montessori School for the 2022-2023 School Year.

I understand that a non-refundable Materials Fee consisting of \$250 is required to be paid to secure enrollment. Such sum shall be payable on or before **March 31, 2022**.

•I wish to enroll my child for the following session(s):

_____ Half day 8:00am - 12:00pm / 8:30 am -12:30 pm

_____ School day 8:30am - 3:30pm

_____ All day 8:00am - 5:30pm

•I have submitted a check or electronic payment in the amount of \$250 payable to Heartwood Montessori School. I understand that this payment is non-refundable.

I AGREE THAT I MAY WITHDRAW MY CHILD FROM ENROLLMENT AT ANY TIME FROM HEARTWOOD MONTESSORI SCHOOL. HOWEVER, I FURTHER AGREE THAT I WILL GIVE WRITTEN NOTICE OF SUCH WITHDRAWAL AND THAT SUCH WITHDRAWAL WILL ONLY BE EFFECTIVE AS OF THE LAST DAY OF THE MONTH FOLLOWING THE MONTH IN WHICH NOTICE IS GIVEN AND FURTHER, I SHALL HAVE PAID ALL SUMS DUE HEARTWOOD MONTESSORI SCHOOL THEN DUE TOGETHER WITH TUITION AND ANY EXTENDED HOUR FEES THROUGH THE EFFECTIVE DATE OF SUCH WITHDRAWAL. SUCH SUMS SHALL BE DUE REGARDLESS OF WHETHER MY CHILD ACTUALLY ATTENDS SCHOOL THROUGH THE EFFECTIVE DATE OF THE WITHDRAWAL.

GUARDIAN
SIGNATURE _____

DATE _____

Child's Name _____ Date of Birth _____

Address _____ Telephone _____

Parent or Guardian _____

Phone (Primary) _____ (Secondary) _____

Email address _____

Parent or Guardian _____

Phone (Primary) _____ (Secondary) _____

Email address _____

I authorize the following people to be contacted, remove my child from the school, and take responsibility for my child in the event that I cannot be reached.:

Name _____ Phone _____

Home Address _____

City, State, Zip code _____

Relation to Child _____

Name _____ Phone _____

Home Address _____

City, State, Zip Code _____

Relation to Child _____

PHYSICIAN _____ Phone _____

Address _____

Insurance _____

DENTIST _____ Phone _____

Address _____

Insurance _____ Policy # _____

GUARDIAN
SIGNATURE _____ DATE _____



AUTHORIZATION FOR PICK UP

Child's Name _____ Date of Birth _____

Address _____ Telephone _____

Parent or Guardian _____

Phone (Primary) _____ (Secondary) _____

Parent or Guardian _____

Phone (Primary) _____ (Secondary) _____

The following are also authorized to pick up:

Name _____ Phone _____

Relation to Child _____

Name _____ Phone _____

Relation to Child _____

Name _____ Phone _____

Relation to Child _____

Name _____ Phone _____

Relation to Child _____

Name _____ Phone _____

Relation to Child _____

GUARDIAN SIGNATURE _____ DATE _____



HEALTH AND SAFETY CONSENT

Both parents/guardians, please initial each section and sign the bottom of the page.
Return this page to be kept on file at the school.

_____ I hereby give my permission to the staff of Heartwood Montessori School to apply sunscreen as outlined in the Parent Policies Handbook.

_____ I hereby give my permission to the staff of Heartwood Montessori School to apply insect repellent provided by me and clearly labeled with my child's name.

_____ If the licensed physician authorized on my child's emergency card is unavailable, I hereby give my permission to another licensed physician to give care to my child in case of emergency.

_____ If the licensed dentist authorized on my child's emergency card is unavailable, I hereby give my permission to another licensed dentist to give care to my child in case of emergency.

_____ I give permission for my/our child, _____, to walk to and/or participate in activities geared for my child but away from Heartwood Montessori School under the supervision of Heartwood Montessori School staff. Staff will inform me in advance of field trips beyond the immediate neighborhood.

GUARDIAN
SIGNATURE _____

DATE _____



PARENT HANDBOOK AGREEMENT

Both parents/guardians, please initial each section and sign the bottom of the page. Return this page to be kept on file at the school.

_____ I/we have received, read and understand the information contained in the Heartwood Montessori School Parent Handbook.

_____ I/we understand the State of Minnesota DHS Licensing illness and exclusion policies **as specified on page 10** of the handbook. I understand that these policies will be followed for the health and safety of all children at HMS, and that, upon notification, I (or designated alternative) will have one hour to pick up my child from school.

_____ I/we understand that when my child is present at HMS, they must be healthy enough to participate in **all activities**, both inside and outside.

_____ I/we have read and understand the school's policies regarding children's supplies and belongings, appropriate clothing, and bringing toys to school. (Pg. 14)

_____ I/we understand the school's policy on celebrating birthdays, and will consult with the teacher before my child's birthday. (Pg. 15)

_____ **You may opt not to sign / agree to this item only** I/we understand that pictures and video taken at school in which my child may appear may be used for educational or public relations purposes, in articles, magazines, films, on the web and the like (Pg. 19)

_____ I/we understand that during adverse weather conditions, WCCO will announce our school's closing, early closing, or delayed opening. I understand that if the school closes during a state of emergency, I will make arrangements to have my child picked up by the stated closing time, or a late fee of \$1.00 per minute will be assessed. (Pg. 19)

_____ I/we have read and understand the HMS Nap and Rest Policy as outlined on page **26** of the handbook.

GUARDIAN SIGNATURE _____

DATE _____



HEALTH CARE SUMMARY

Must be completed by health care source.

Date of Enrollment _____ Date of last physical examination _____

Child's Name _____ Date of Birth _____

Address _____ Telephone _____

Parent(s) or Guardian _____

How long have you been seeing this child? _____

How frequently do you see this child when he/she is not ill? _____

Does this child have any allergies (including allergies to medication)? _____

Is a modified diet necessary _____

Is any condition present that might result in an emergency? _____

What is the status of the child's Vision _____

Hearing _____

Speech _____

Please list important health problems:

Followed by You Followed by Other Requires Special Med
Med Source (Name) Attention at Center

Other information to the school?

SIGNATURE OF HEALTH SOURCE _____ DATE _____

ADDRESS _____

PHONE _____