



Registration Information:

Child's Full Name _____ Birthdate _____ Sex _____

Registration Date _____ \$50 Non-Refundable Reg. Fee Paid _____

Class Session ___ AM ___ PM ___ 2-day ___ 3-day ___ 5-day ___ +Childcare

Mother/Guardian's Information:

Father/Guardian's Information:

Name _____ Name _____

Address _____ Address _____

Work Place _____ Work Place _____

& Address _____ & Address _____

Phone (Home) _____ Phone (Home) _____

(Cell) _____

(Cell) _____

(Work) _____

(Work) _____

Emergency Contact other than parents (2 are REQUIRED):

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Relationship to Child _____ Relationship to Child _____

Siblings & Birthdates:



Medical Information

Doctor's Information:

Name _____

Dentist's Information:

Name _____

Address _____

Address _____

Phone _____

Phone _____

Child's Sensitivities (if any):

Sensitivity to _____ Reaction _____

Medical response to reaction _____

Child's Allergies (if any) (These are not sensitivities or parent preferences. These are diagnosed allergies with an allergic reaction to a specific item. An Individualized Childcare Program Plan will be made for each allergy.)

Allergy _____ Allergic Reaction _____

Medical action needed _____

Child's Dietary Needs (if any) (If an exclusion is to be made for the child's diet, doctor's permission/written parent approval is required to be on file.):

Dietary adjustment _____

Reason for adjustment _____

Response if adjustment is not followed _____

Release: I, _____, give permission to the center staff to secure the needed emergency medical care, including calling an ambulance or administering the prescribed dosage of syrup of ipecac (as a result of poisoning, for example), if the center is unable to reach the child's mother or father. I hereby grant permission for my child to use all of the play equipment and participate in all school activities. I hereby grant permission for my child to leave the school premises under the supervision of Montessori staff for neighborhood walks.

Signature and Date of Parent/Guardian _____

*****The following Health Care Summary MUST be completed by a health care source and can be faxed directly to me at 507-833-1498 (Attn: Jennifer Connors) once completed. We will access your child's immunization list from MIIC.*****



HEALTH CARE SUMMARY

MUST BE COMPLETED BY A HEALTH CARE SOURCE

Date of Enrollment: _____

NAME OF CHILD _____ Birth Date _____

ADDRESS _____ Telephone _____

PARENT(S) OR GUARDIAN _____

Date of last physical examination _____ 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 medications)? _____

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 below the important health problems:

| Health Concern | Followed By You | Followed By Other Med. Source (Name) | Required Special Attention at Center |
|----------------|-----------------|--------------------------------------|--------------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Other information helpful to the child care program _____

Signature of Health Source _____ Phone _____

Date _____ Address _____



Permission of Release:

Any person picking up that our staff are unfamiliar with will be asked to show photo identification for proof of persons before we release the child to his/her care. A child will be released ONLY to the people listed below. We will not release your child to anyone that does not have proof of identification or is under the age of 16. We are allowed to release your child to the following people:

| Name | Phone Number | Relationship to CHILD |
|------|--------------|-----------------------|
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| | | |

Signature & Date of Parent/Guardian _____



Montessori Preschool Contract

Student Name _____ Date of Birth _____

___ 2-day ___ 3-day ___ 5-day ___ AM ___ PM

I, the undersigned, desire to enroll my child, named above, in Sacred Heart Children's House for the 2020/2021 school year, and I hereby agree to:

1. Support the efforts of my child's teachers and communicate them as needed.
2. Encourage my child to comply with all school policies and procedures as stated in the Parent Handbook.
3. Ensure that my child arrives at school on time and is picked up on time.
4. Read all forms of school communication sent home with my child.
5. Attend and participate in school activities whenever possible.
6. Provide the school with all required completed forms by the first day of school (students cannot start without required forms).

In addition to the foregoing, I agree to pay the:

1. Non-refundable registration fee of \$50.00.
2. Annual tuition in the amount of
 - a. \$990.00 (2-day)
 - b. \$1,260.00 (3-day)
 - c. \$1,800.00 (5-day)

I agree to make the tuition payments:

1. Nine (9) monthly payments beginning August 1st and ending April 1st.
OR
2. One (1) yearly payment due by August 1st.

I understand monthly payments are due by the 1st of the month. Late payments will have a \$10.00 late fee assessed. If the tuition and late fee are not received by the 30th of the month, your child's position will be relinquished.

I understand that a 30 day written notice of my intent to withdraw my child from the program is required (with the exception of the end of the school year). If I fail to give a 30 day notice, I will be required to pay the next month's tuition.

Signature of Parent/Guardian _____ Date _____



Parent communication

Please provide an email address for staff to communicate any newsletters, updates, or questions.

Name and email address

We make group announcements (school closing, events, etc) through a school reach program. Please list two numbers for our automated calls.

1. _____

2. _____

Signature

Date



Tell us more about your child.....