

# Enrollment & Waiting List Packet

**Heartprints Montessori is delighted to welcome your child to our school!**

Please find enclosed our enrollment packet. Please read the instructions carefully, complete every section, and return the forms to the office in person or via email as soon as possible to secure your child's spot at our school (or on our waiting list). If you have any questions, feel free to contact us at any time.

## **The enrollment forms included in this packet to complete are:**

- AZDHS Emergency, Information and Immunization Record Card
- Heartprints Montessori Enrollment Agreement
- DES Provider/Parent/Guardian Agreement for Child Care Charges (if applicable)

## **In addition to these forms we will also need:**

- A copy of your child's immunization record (or religious exemption form, if applicable)
- \$100 enrollment/waitlist fee (if you are being put on the waiting list, this is refundable if you wish to be removed)

Once we receive the completed forms, you will receive a text message inviting you to join Brightwheel. **That is where you will pay the enrollment/waitlist fee and future tuition.** That is also where you will find your individual 4-digit parent code for check-in/check-out. We also use Brightwheel for parent-teacher messaging, pictures, incident reports, etc.

## **Before your child's first day of school:**

- Please make sure all parents/guardians are on Brightwheel
- You each know your individual 4-digit parent/guardian check-in/check-out codes
- We will provide the parent gate code a few days prior (please only share with those on approved pick-up list)

## **What to pack** (we highly recommend to *label as much as you can*):

- Morning snack, lunch, and afternoon snack
- Water bottle
- Change of clothes to keep on hand (multiple if they are toilet training)
- Diapers and wipes for classroom storage (if applicable)
- Medication (if applicable; Medication Consent Form needed only for oral and prescription medication)

## **Morning Drop-Off Procedures**

- Parents/guardians must wear a face mask when on campus
- Check in your child at the Brightwheel iPad using your 4-digit check-in code (and in the DES binder if applicable)
- Answer 3 Covid screening questions and sign
- Take your child to the bathroom to wash hands before dropping child off at classroom or playground
- Have your child place their belongings in their cubby or designated area (parents do not enter classroom)

## **Afternoon Pick-Up Procedures**

- Parents/guardians must wear a face mask when on campus
- Check out your child at the iPad using your 4-digit check-out code (and in DES binder if applicable) and sign
- Wait at classroom door or playground gate for your child (they will get their own belongings or teacher will assist)
- Make sure to grab take home any wet or soiled clothes and replenish their extra clothes the following day

We look forward to beginning this journey with you and your child!





CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

<b>Child's Name:</b>	<b>Date Enrolled:</b>	Updated:
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

If Medical care is necessary, call:

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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The following individual(s) may NOT remove my child from the facility:

<b>Name(s):</b>
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Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

**Medical Information**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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# Enrollment Agreement

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state child care licensing regulations.

Enrollment Information									
<b>Child's Information</b>									
Child's first name		Child's middle name			Child's last name			Child's nickname	
Age	Sex	Child's language spoken at home			Parent/guardian/sponsor primary language				
Child's home address				City		State		Zip	
<b>Family Information</b>									
List family members & pets your child lives with – include first names, relation and ages of siblings									
Parent/guardian/sponsor			Relationship to child		Home phone			Cell phone	
Home address if different from above				City		State		Zip	
Home email			Work email			Work phone			
Employer	Employer address			City		State		Zip	Work hours
<b>Other parent/guardian/sponsor</b>			Relationship to child		Home phone			Cell phone	
Home address if different from above				City		State		Zip	
Home email			Work email			Work phone			
Employer	Employer address			City		State		Zip	Work hours
<b>Child Emergency Contact and Release Information (do not include parents/guardians/sponsors)</b>									
Please notify the center if an Emergency Release Contact will pick up your child on a given day. [For the safety of your child, we request that all authorized pick up persons with whom staff is not familiar provide a photo ID at the time of pick up.]									
<b>Person #1 (required)</b>			Relationship to child		Home phone			Cell phone	
Home email			Work email			Work Phone			
Employer	Employer address			City		State		Zip	Work hours
<b>Person #2 (required)</b>			Relationship to child		Home phone			Cell phone	
Home email			Work email			Work Phone			
Employer	Employer address			City		State		Zip	Work hours
<b>Person #3 (optional)</b>			Relationship to child		Home phone			Cell phone	
Home email			Work email			Work Phone			
Employer	Employer address			City		State		Zip	Work hours
<b>Person #4 (optional)</b>			Relationship to child		Home phone			Cell phone	
Home email			Work email			Work Phone			
Employer	Employer address			City		State		Zip	Work hours

The persons designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed above. If you want a person who is not identified above to pick up your child, you must notify our staff in advance, in writing. Your child will not be released without prior authorization.

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_

# Enrollment Agreement

## Medical Information

Child's name:	Birth date	Hair color	Eye color		
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Distinguishing marks \_\_\_\_\_

## Child's Medical & Developmental History

- Does your child have any special medical conditions?  No  Yes Explain \_\_\_\_\_
- Does your child have any chronic illnesses?  No  Yes Explain \_\_\_\_\_
- Please list a brief history of your child's serious injuries and hospitalizations. \_\_\_\_\_
- Does your child have diabetes?  No  Yes *If yes, please attach care instructions from your physician.*
- Does your child have asthma?  No  Yes *If yes, please attach care instructions from your physician.*
- Will medication be administered regularly?  No  Yes *If yes, please attach care instructions from your physician.*
- Does your child have any special dietary needs?  No  Yes Explain \_\_\_\_\_
- Is your child able to fully participate in all activities?  Yes  No Explain \_\_\_\_\_
- Does your child have any physical restrictions?  No  Yes Explain \_\_\_\_\_
- Does your child function at the level of other children in his/her age group?  Yes  No Explain \_\_\_\_\_
- Is your child able to walk  Yes  No
- Can your child communicate his/her needs?  Yes  No
- Does your child need assistance at meal time?  No  Yes Explain \_\_\_\_\_
- Does your child rest during the day?  No  Yes
- Is your child toilet trained?  No  Yes
- Does your child use any special equipment, such as a breathing machine, wheelchair, hearing aid, braces, glasses etc.?  No  Yes Explain \_\_\_\_\_
- Does your child require one-to-one care/supervision on a regular basis for a significant period of time?  No  Yes Explain \_\_\_\_\_
- Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting?  
 No  Yes Explain \_\_\_\_\_

**Illness History** (please check all that apply)

<input type="checkbox"/> Vision problems	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Seizures
<input type="checkbox"/> Hearing problems	<input type="checkbox"/> Skin rashes	<input type="checkbox"/> Mouth sores
<input type="checkbox"/> Constipation	<input type="checkbox"/> Sore throats	<input type="checkbox"/> Fainting
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Ear infections	<input type="checkbox"/> Persistent cough
<input type="checkbox"/> Asthma/breathing problems	<input type="checkbox"/> Urinary tract infections	<input type="checkbox"/> Other

Please attach care instructions from your physician for any of these illnesses.

**Disease History** (please check all that apply and add the date)

<input type="checkbox"/> Chicken Pox (Varicella) _____	<input type="checkbox"/> Bronchiolitis _____	<input type="checkbox"/> Botulism _____
<input type="checkbox"/> Measles Rubeola _____	<input type="checkbox"/> Pneumonia _____	<input type="checkbox"/> Haemophilus Influenza _____
<input type="checkbox"/> Rubella (German Measles) _____	<input type="checkbox"/> Pertussis (Whooping cough) _____	<input type="checkbox"/> Meningococcal Infection _____
<input type="checkbox"/> Mumps _____	<input type="checkbox"/> Tetanus _____	<input type="checkbox"/> Rabies _____
<input type="checkbox"/> Scarlet Fever _____	<input type="checkbox"/> Diphtheria _____	<input type="checkbox"/> Bacterial Meningitis _____

**Allergies** (please list)

<b>Medication Allergies</b>	Reaction	<b>Food Allergies</b>	Reaction
_____	_____	_____	_____
_____	_____	_____	_____
<b>Bee Stings Allergies</b>	Reaction	<b>Respiratory Allergies</b>	Reaction
_____	_____	_____	_____
<b>Other Allergies</b>	Reaction	<b>Are any of these allergies life-threatening?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____		

Please attach care instructions from your physician for any life-threatening allergies.

**Miscellaneous Screenings and Tests** (please check all that apply and add the date of last screening)

<input type="checkbox"/> Vision _____	<input type="checkbox"/> Developmental _____	<input type="checkbox"/> Tuberculosis (PPD) _____
<input type="checkbox"/> Hearing _____	<input type="checkbox"/> Aptitude _____	<input type="checkbox"/> Sickle Cell Anemia _____
<input type="checkbox"/> Speech _____	<input type="checkbox"/> Educational _____	<input type="checkbox"/> Other _____

To the best of my knowledge the information contained above is accurate.

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_

# Enrollment Agreement

Medical Information (continued)			
Child's name		Birth date	
Child's Medical Care Provider			
Primary physician's name		Primary physician's practice name	Phone
Preferred hospital/clinic for emergency care		City	State
Dentist's name		Dentist's practice name	Phone
Child's Insurance Provider			
Child's health insurance provider name	Policy number	Secondary health insurance provider name	Policy number
Child's Immunization History (please attach a copy of your child's immunization records)			
Below is a list of immunizations that are required to attend. Attach a copy of the immunization card or exempt card. For additional information and links to forms please go to <a href="#">ADHS - Arizona Immunization Program</a>			
<b>Hepatitis B</b>	<b>Diphtheria</b>	<b>Pertussis (Whooping Cough)</b>	<b>Rubella</b>
Hepatitis A	<b>Mumps</b>	<b>Polio</b>	<b>Tetanus</b>
<b>Haemophilus Influenzae type b (Hib)</b>	<b>Measles</b>	<b>Pneumococcal disease</b>	<b>Varicella (Chickenpox)</b>
Medication Administration			
1. I understand that before the center can provide medication, I will provide written authorization and administration instructions.			Initial _____
2. I understand all medication must be in the original container with the child's name printed/written on the container.			_____
3. I understand that a doctor's written authorization is required to put medicine in my child's bottle, administering over the counter medication differently than indicated on the container, (dose, and minimum age).			_____
Additional Medical Policies			
1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations.			Initial _____
2. I agree to provide information to the child care center about my child's conditions, illnesses, allergies or other needs.			_____
3. If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious.			_____
4. If my child becomes ill during his/her time at the child care center, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. If I cannot be reached, the staff will contact those listed in the <i>Child Emergency Contact and Release</i> .			_____
Emergency Medical Authorization & Consent			
In case of a medical emergency, the staff will attempt to contact me, those listed in the <i>Child Emergency Contact and Release</i> section of this document, and lastly my physician.			Initial _____
In case of a medical emergency, I agree that my child may receive first aid and/or CPR.			_____
In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel.			_____
In case of a medical emergency, I will be responsible for the emergency medical expenses.			_____
In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.			_____
Sunscreen and Insect Repellant			
I give my permission to this center to apply <input type="checkbox"/> sunscreen and <input type="checkbox"/> insect repellant to my child. <i>Please check which products you will permit.</i>			Initial _____
I understand that I must supply my own sunscreen and/or insect repellant with a valid expiration date, and it will be labeled with my child's name.			_____
I <input type="checkbox"/> have <input type="checkbox"/> do not have special instructions for the application process. _____			_____

To the best of my knowledge the information contained above is accurate.

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_

# Enrollment Agreement

## Child Information

Child's name

Birth date

## Getting to Know Your Child

*We would love to get to know your child a little better. Please answer the following questions to the best of your ability. If the question does not apply, please mark "Not Applicable (N/A)" in the space provided.*

1. Is there information about your family composition or household members that you would like to share?
2. What are some of your child's favorite things?
3. Are there cultural or religious holidays that your family observes that you would like to share with the program?
4. What are your child's toileting and napping behaviors?
5. Does your child have special needs?
6. What are your child's favorite foods?
7. Does your child have previous experiences in Montessori? (provide details)
8. When your child exhibits difficult behavior, what type of approach works for your family?
9. Describe your child in a social setting (leads, follows, observes, etc.)



# Enrollment Agreement

10. What tasks can your child do independently with little to no help? (i.e. wash their own hands, dress, clean up, puzzles, counting, etc)

11. Describe your child when she/he is separated from you (anxious or not, etc., give examples)

12. Is there anything else you can share with us about your child that will help us ease the transition for your child?

13. Do you have any goals for what you'd like your child to learn or learn to do here at Heartprints?

14. Is there anything else you would like to share about your child, you, or your family?

## Roles & Expectations

In a Montessori classroom, the interrelation between child, parent, and teacher is seen as essential to building a dynamic community. Here are a set of "roles" that Heartprints encourages to help guide the building of this community.

### Child's Role

- To respect the rights of the group and the other individuals in the environment.
- To experience his/her own life and draw his/her own conclusions.
- To play and pursue their interests by spending as much time as they please doing activities.
- Through play, the child will be led naturally to work. Work being the task of the human to master the environment and later adapt and transform society.
- Through his/her work, the child will develop responsibility that accompanies the freedom to choose his/her own direction.
- Children learn by handling the educational materials and independently discovering new concepts.
- They can check their own work, go at their own pace, and become increasingly independent.
- To learn how to communicate their needs, thoughts, and desires to their teachers, parents, and peers.

### Parent's Role

- To be sensitive to the needs of the child.
- To see the child as having infinite possibilities to learn and allow them to be as independent as possible.
- To bring the child to school on time each day and keep eating, napping, and toileting routines consistent at home.
- To have a good understanding of the Montessori method and support the program.
- To allow the home environment to be a learning environment that provides opportunities to learn through hands-on interaction and practical life.
- To limit negative and/or excessive stimuli in a child's life (such as television and video games)
- To provide a healthy nutritious diet limiting empty "sugar" calories.
- To agree to communicate with the teacher on a regular basis and work together to provide the best care for the child.
- To nurture and encourage your child to be the best person he/she can be.

### Teacher's Role

- To follow the child's individual interest and needs.
- To know and observe each child.
- To prepare an environment that is educationally interesting and engaging.
- To provide a space that is safe and prevent or address issues of safety.
- To lead the child to discover his/her own truth and develop his/her own abilities.
- To observe, analyze, and provide materials and activities appropriate for the child's sensitive periods of learning.
- To make sure a child's basic needs are met through the day (eating, sleeping, and toileting) and make sure the child feels loved and welcomed.
- To maintain communications with the parent on a regular basis.
- To continue in professional development to strengthen teaching and childcare skills in Montessori.

I agree and understand the roles and expectations.

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_

# Enrollment Agreement

## Communication, Tuition Rates, & Tuition Policy

Child's name	Birth date
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## Hours of Operation & Parent Communication Hours

Operating hours are Monday through Friday 6:00am-6:00pm (please see tuition rates for specific schedule options and prices, a specific schedule must be selected at enrollment). We will be closed on various days for holidays and professional development days. Please stop by the office and pick up a center calendar for the season or visit our website at [www.heartprintsmontessori.com](http://www.heartprintsmontessori.com).

The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced on message through *Brightwheel*. If it becomes necessary to close early, we will contact you or someone listed in the *Emergency Contact and Release*, and it will be your responsibility to arrange for your child's early pick up.

**Brightwheel:** Monday-Friday 6:00am-6:00pm (excluding holidays/closures) Staff will reply to Brightwheel messages during the business hours listed above. The teachers' main focus is to be physically present and engaged with the children, so they may reply or post activities at nap/rest time or after school hours (3:30pm). If it is urgent, we will do our best to respond as soon as possible.

**Phone:** Monday-Friday 6:00am-6:00pm (excluding holidays/closures) We will accept phone calls and respond to voicemails during the business hours listed above. If it is urgent, we will do our best to respond as soon as possible.

**Email:** Monday-Friday 8:30am-3:30pm (excluding holidays/closures) Heartprints will reply to emails within one school day and within school hours (email address is [heartprintsmont@gmail.com](mailto:heartprintsmont@gmail.com)).

## Tuition Rates

Effective August 1, 2021

2 Days per Week*		3 Days per Week*	
	Monthly		Monthly
Half 8:30am-12:30pm	\$252	Half 8:30am-12:30pm	\$383
Full 8:30am-3:30pm	\$336	Full 8:30am-3:30pm	\$514
Extended 6:00am-6:00pm	\$393	Extended 6:00am-6:00pm	\$601

  

4 Days per Week*		5 Days per Week	
	Monthly		Monthly
Half 8:30am-12:30pm	\$499	Half 8:30am-12:30pm	\$595
Full 8:30am-3:30pm	\$672	Full 8:30am-3:30pm	\$839
Extended 6:00am-6:00pm	\$786	Extended 6:00am-6:00pm	\$982

  

Before Care 6:00am-8:30am		After Care 3:30pm-6:00pm	
Daily Drop-In	\$10 per day	Daily Drop-In	\$15 per day

**Before and After School Care:** If you consistently need before and/or after school care, the extended day option would be best for you. If a student is dropped off before or picked up after their enrolled times, the daily drop-in rate for before and/or after school care will be added to the next month's tuition payment. **Please notify the school if you will be dropping in for before or after care.**

**Diapering Fee:** Children who are 2.5 years old or older, who wear diapers or pull-ups, and are not yet toilet trained will have a \$40 fee added to their monthly tuition.

## Scheduled Attendance

Please review the new tuition rates and make your enrollment selection. The days chosen may only be switched with 24 hour's written notice, staff approval, and depends on availability to ensure safe teacher to child ratios.

Tuition is based on enrollment (a reserved space), not on attendance. As an early learning center, tuition is due, for each child, for all contracted days and as such is not reduced or prorated when a child is out sick. We offer three convenient drop-off/pick-up times to meet the needs of your family.

<p><b>Please check one:</b></p> <p><input type="checkbox"/> Half days</p> <p><input type="checkbox"/> Full days</p> <p><input type="checkbox"/> Extended days</p>
<p><b>Please check one:</b> (write in the days of the week child will be enrolled M,T,W,Th,F)</p> <p><input type="checkbox"/> 2 days per week: _____, _____</p> <p><input type="checkbox"/> 3 days per week: _____, _____, _____</p> <p><input type="checkbox"/> 4 days per week: _____, _____, _____, _____</p> <p><input type="checkbox"/> 5 days per week</p>

# Enrollment Agreement

## Fee Policy (to be completed by staff; reviewed and initialed by the parent/guardian/sponsor after completion)

Starting on \_\_\_\_\_ a fee of \$ \_\_\_\_\_ is due monthly.

- There is a one time \$100 enrollment/waitlist fee at time of enrollment or when added to the waitlist to secure a child's spot. If a student is on the waitlist and would like to be removed, the fee will be refunded.
- Tuition will be raised no more than 5% at a time and 30 days notice will be given before the raise goes into effect.
- There is no discount, refund, or other allowance for absence, illness, vacation, holidays, scheduled school closures, or any other reason (in the extreme event of an unforeseen accident or illness resulting in an extended period of absence, some consideration may be made).
- A student's schedule for 2, 3, or 4 days must be chosen at the time of enrollment and may only be switched with 24 hour's written notice, staff approval, and depends on availability to ensure safe teacher to child ratios.
- If a student is dropped off before or picked up after their enrolled times, the daily drop-in rate for before and/or after school care will be added to the next month's tuition payment.
- Families who utilize After Care (or extended days) must pick up by closing time of 6:00pm. If they pick up past this time, we will bill an additional fee to compensate our staff who will need to stay past closing hours.
- Registration Fees/Tuition prepayment is due at the time of enrollment if the student is accepted.
- Each payment is due on or before the 10th day of the month prior to the month of service.
- Families are required to pay any ACH or credit card transaction fees incurred.
- **A late fee of \$10 per day is assessed on the Tuition balances outstanding on the 11th of the month. After 5 days of non-payment, the account will be locked and the child will not be accepted for care until the outstanding balance and late fee is paid in full. Should this happen 2 times, the child's Brightwheel account will be required to be on Auto Pay.**
- A \$30 fee is charged for any check or auto pay returned by the bank.
- Should you enroll your child any time after the first day of school, the tuition payment due for that month will be prorated based on the daily rate and is due upon enrollment.
- If you withdraw your child before the end of the month and two week's notice was provided in writing, your final bill will also be prorated by the daily rate.
- A \$40 fee will be added to tuition for children who are at least 2.5 years old and in diapers/pull-ups.
- If yearly tuition is paid and there is a tuition increase during that year, families will be required to pay the difference once the increase goes into effect.
- Should a pandemic, extreme weather, or natural disaster force us to close, 50% of contracted tuition will still be required to be paid according to the enrollment agreement. Families will receive distance-learning at least 3 times per week through an online platform (such as Zoom) and learning materials they can safely pick up to use at home. Exceptions to this policy will only be considered on a case by case basis with required documentation.
- Refunds are at the discretion of Heartprints Montessori.
- Failure to make payments may result in disenrollment.
- Unpaid balances at 30 days delinquent will be sent to our contracted collection company. Balances sent to collection will incur an additional 25% fee.

Fees and payments have been reviewed and agreed upon Staff initial \_\_\_\_\_ Parent Initial \_\_\_\_\_

## Department of Economic Security (DES)

- As part of the DES contract, the center is required to collect the DES assigned co-payment.
- DES's reimbursement daily rates are less than our daily rates, so families must still pay the difference depending on the type of care they need known as additional costs. A Provider/Parent/Guardian Agreement for Child Care Charges outlining additional costs will be completed and signed by both parties.
- **Every child is allotted 2 absences for the month. If a child misses more than 2 days per month, we are not reimbursed by DES and therefore families must pay for those days at full price. Those will be billed through Brightwheel.**
- As a high quality program that offers competitive tuition rates, full tuition is collected for every child enrolled. Families are responsible for paying the balance of tuition not covered by DES by the 10th of every month through Brightwheel.
- If co-payment and additional costs are not paid, we are required to report to DES for further action.
- The Provider/Parent/Guardian Agreement for Child Care Charges will be completed each time there is a change in tuition.
- Prior to starting, the center must have received verbal confirmation of services from DES. For care to continue, a written service agreement from DES must be on file within 30 days of enrollment. Families will contact the caseworker to follow up if a written agreement is not received.
- Families are responsible for contacting their caseworker for re-authorization for services (please have the caseworker contact the center with verbal reauthorization).
- If the program does not receive verbal reauthorization prior to the last day of the contract, full tuition rates will be billed until reauthorization is received.
- Upon disenrollment from the program, DES will be notified.
- If the family chooses to return to the program, they will need to contact the DES caseworker for reauthorization. The program must receive verbal confirmation of services prior to the first day of attendance. A new Provider/Parent/Guardian Agreement for Child Care Charges will be completed

Fees, payments, and policies have been reviewed and agreed upon NA \_\_\_\_\_ Staff initial \_\_\_\_\_ Parent Initial \_\_\_\_\_

# Enrollment Agreement

## Other Agreements

### Private Employment Acknowledgement and Release

Any arrangement/employment between me and staff of this center (i.e., babysitting), outside of the programs and services offered by this center, is an individual endeavor and private matter not connected to or sanctioned by this center. This center shall remain harmless from any such arrangement. Initial \_\_\_\_\_

### Media Release

Occasionally, photos will be taken of the children at the center for use within the center, Brightwheel, or on our website and/or newsletters. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program. Initial \_\_\_\_\_

### Illness Policy

According to DHS, we are unable to accept a child if they have a communicable disease or infestation. When your child has any suspected contagious illness or infestation, he/she should not come to class. Not only will this help your child regain his/her health more quickly, but it will also protect the other children in the program. If your child is going to be absent due to illness, please notify your child's center. Initial \_\_\_\_\_

You will be contacted immediately if your child becomes ill at the center. If you cannot be reached, your emergency contact will be notified to pick up your child. While waiting to be picked up, your child will be allowed to rest in the classroom or office but will not participate in activities with the other children. For the protection of all, children suspected of having an infectious disease must have a physician's statement and be fever-free for 24 hours before returning to the center. \_\_\_\_\_

- Symptoms that would exclude a child from care include:
- Fever of more than 100 degrees
  - Unexplained rash or sore
  - Discharge from eyes, ears or nose
  - Vomiting or Diarrhea
  - Productive cough or dry cough without doctor attention
  - Any illness or injury that keeps a child from participating in regular activity
  - Any infestation that is communicable (i.e. lice has to be treated and eliminated)
- \_\_\_\_\_

### Disenrollment/Withdrawal Policy

If a family chooses to withdraw their child from Heartprints, they must give 2 week's written notice via email or Brightwheel. Initial \_\_\_\_\_

If it is before the end of the month, the final bill will be prorated only if two week's notice was given. Any past due or outstanding balances must be paid before withdrawing. Unpaid balances at 30 days delinquent will be sent to our contracted collection company. Balances sent to collection will incur an additional 25% fee. \_\_\_\_\_

All belongings of the child must be taken home. If anything is left behind, we will wait 2 weeks following the child's last day of school to donate or throw out belongings. \_\_\_\_\_

If a child is dropped off but has been disenrolled and has an account locked due to parent's notice, failure to pay tuition and outstanding balance, or expelled, staff will not accept the child. If for some reason the child is dropped off and parents leave the premises, we will contact authorities to pick up the child because they are no longer under our care. \_\_\_\_\_

### Parent Handbook Acknowledgement

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Parent Handbook found on our website [www.heartprintsmontessori.com](http://www.heartprintsmontessori.com) and agree to abide by them. Initial \_\_\_\_\_

I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement. \_\_\_\_\_

Information contained in the Parent Handbook may be subject to change. \_\_\_\_\_

## Contract Approval

I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment Agreement*. \_\_\_\_\_

Primary Parent/Guardian/Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_ Center Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**PROVIDER/PARENT/GUARDIAN'S AGREEMENT FOR CHILD CARE CHARGES**

CHILD CARE PROVIDER'S NAME <b>Heartprints Montessori</b>	CHILD CARE PROVIDER'S TAX ID NO. <b>P0002774201</b>
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PARENT/GUARDIAN'S NAME (First, Last) \_\_\_\_\_

CHILD'S NAME(S) (First, Last)  
 1<sup>st</sup> Child \_\_\_\_\_ 2<sup>nd</sup> Child \_\_\_\_\_

3<sup>rd</sup> Child \_\_\_\_\_

<b>DAILY CHILD CARE CHARGES</b>		<b>FULL DAY (6 hrs. or more)</b>			<b>PART DAY (Less than 6 hrs.)</b>		
<b>LINES 1-8 MUST BE COMPLETED</b>		1st	2nd	3rd	1st	2nd	3rd
1. Provider's daily rate.	Half Days: 8:30am-12:30pm Full Days: 8:30am-3:30pm Extended Days: 6:00am-6:00pm	Full: \$39 Ext: \$46	Full: \$39 Ext: \$46	Full: \$39 Ext: \$46	Half: \$29	Half: \$29	Half: \$29
2. Meals: Enter <u>daily cost</u> (If cost of meal is included in the Provider's Daily Rate on line 1, enter 0).		\$ 0	0	0	\$ 0	0	0
3. Transportation: Enter <u>daily cost</u> (If cost of transportation is included in the Provider's Daily Rate on line 1, enter 0).		\$ 0	0	0	\$ 0	0	0
4. Add lines 1, 2, & 3, enter amount. TOTALS ARE THE PROVIDER'S PROJECTED DAILY CHILD CARE CHARGES.		Full: \$39 Ext: \$46	Full: \$39 Ext: \$46	Full: \$39 Ext: \$46	Half: \$29	Half: \$29	Half: \$29

<b>DES REIMBURSEMENT RATE/ASSIGNED COPAYMENT</b>		<b>FULL DAY (6 hrs. or more)</b>			<b>PART DAY (Less than 6 hrs.)</b>		
5. Enter amount DES will subsidize the provider (See CC-214, Child Care Provider Rate Agreement).		<3 y/o: \$33 ≥3 y/o: \$32	<3 y/o: \$33 >3 y/o: \$32	<3 y/o: \$33 >3 y/o: \$32	\$ 22	\$ 22	\$ 22
6. Enter amount of Parent/Guardian's <u>daily</u> DES Assigned Copayment (See Certificate of Authorization).		\$			\$		
7. Subtract line 6 from line 5 and enter amount. THIS IS THE DAILY RATE DES WILL REIMBURSE THE PROVIDER.		\$			\$		

<b>PARENT/GUARDIAN'S RESPONSIBLE DAILY CHARGES</b>		<b>FULL DAY (6 hrs. or more)</b>			<b>PART DAY (Less than 6 hrs.)</b>		
8. Subtract line 7 from line 4 and enter amount. THIS IS THE DAILY AMOUNT OF THE PROVIDER RATE NOT SUBSIDIZED BY DES, <u>AND</u> THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO REIMBURSE THE PROVIDER.		\$			\$		

<b>ADDITIONAL FEES THE PARENT/GUARDIAN ARE RESPONSIBLE TO PAY</b>									
DESCRIPTION				FREQUENCY OF PAYMENT			AMOUNT OF PAYMENT		
Registration Fees: Enrollment/Waitlist Fee				One Time	One Time	One Time	\$ 100	100	100
Other (Specify): Before Care 6:00am-8:30am Drop-in as-needed, only applicable to those enrolled in half or full days, billed the next month				Daily	Daily	Daily	Before: \$10 After: \$15	Before: \$10 After: \$15	Before: \$10 After: \$15
Other (Specify): Diapering Fee (if applicable) Children who are 2.5 y/o or older, who wear diapers or pull-ups, & are not yet toilet trained				Monthly	Monthly	Monthly	\$ 40	40	40

This Agreement for Child Care Charges will expire on (enter "Authorization End Date" from Certificate of Authorization) or when program eligibility changes; thereby resulting a change to the established daily charges on line 8.

**SIGNATURES (Provider/Parent/Guardian are required to sign and date below)**

As the parent/guardian of the child(ren) in care, I agree to accept responsibility for the payment of the DES Assigned Full/Part Day Copayment on line 6, the Full/Part Day Charges listed on line 8 or any "Additional Fees."

PARENT/GUARDIAN'S SIGNATURE _____	DATE _____
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As the provider, I understand that the DES will not monitor the parent/guardian's payment for charges that exceed the Full/Part Day Charges on line 7, the Full/Part Day Charges listed on line 8 or any "Additional Fees."

CHILD CARE PROVIDER'S SIGNATURE _____	DATE _____
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**DISTRIBUTION: Original (white) - for provider; Copy (canary) - for parent/guardian**

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-4248; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en la oficina local.