

HEARTPRINTS MONTESSORI



Enrollment & Waiting List Packet

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

Please find enclosed an enrollment packet. Please read the instructions carefully 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 Email List Sign-Up and Media Release Form
- Heartprints Child Information Form
- Tuition Contract
- Liability Waiver
- Parent Handbook Acknowledgement Form (after downloading and reading our Parent Handbook)

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/processing fee (which we will invoice you through Brightwheel after these forms have been submitted; If you are being put on the waiting list, this is refundable if you wish to be removed)

Before your child's first day of school, please make sure to follow the invitation link sent via text and/or email to register for Brightwheel. You will be given your four-digit parent code for check-in/check-out which you will enter in the iPad when you drop off and pick up.

On your child's first day of school, please make sure to bring the following with your child (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
- Diapers and wipes for classroom storage (if applicable)
- Medication (if applicable; Medication Consent Form needed only for oral and prescription medication)

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**

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

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

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

**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.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

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

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

Name(s):

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 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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HEARTPRINTS MONTESSORI



Email List

We do a bulk of our communication through email. You will receive monthly newsletters, event invitations, reminders, important school information, and other resources. By filling in your email and signing below, you give us permission to add you to our email list. If you choose to unsubscribe from our email list, you can only resubscribe yourself (we are not authorized to do so).

Child's Name: _____

Parent #1 Name: _____ Email Address: _____

Parent #2 Name: _____ Email Address: _____

Parent's Signature: _____ Date: _____

Media (Photo/Video) Release Form:

On various occasions, we may record pictures or videos of your child. These medias may be shared on our website, Facebook page, and/or among parents through a photographer's platform, for educational and informative purposes only. In no occasion will these pictures be used in a commercial way.

Please check this box if you consent to Heartprints Montessori sharing your child's media

Please check this box if you do **NOT** consent to Heartprints Montessori sharing your child's media

Parent's Signature: _____ Date: _____

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Child Information Form

We would love to know your child a little better!

Child's name _____

1. Is your child toilet trained?
2. Does your child have previous experiences in Montessori? (provide details)
3. When redirecting your child, what type of reinforcement works for your family?
4. Describe your child in a social setting (leads, follows, observes, etc.)
5. Describe your child when she/he is separated from you. (anxious or not, etc., give examples)
6. Anything else you would like to share with us?

Parent's signature: _____ Date: _____

HEARTPRINTS MONTESSORI



2020-2021 Tuition Rates and Policy

2 Days per Week*			
	Monthly	Yearly (10 months)**	Yearly (12 months)**
Half 8:30am-12:30pm	\$240	\$2,400	\$2,880
Full 8:30am-3:30pm	\$320	\$3,200	\$3,840
Extended 6:00am-6:00pm	\$374	\$3,740	\$4,488

3 Days per Week*			
	Monthly	Yearly (10 months)**	Yearly (12 months)**
Half 8:30am-12:30pm	\$364	\$3,640	\$4,368
Full 8:30am-3:30pm	\$489	\$4,890	\$5,886
Extended 6:00am-6:00pm	\$572	\$5,720	\$6,864

4 Days per Week*			
	Monthly	Yearly (10 months)**	Yearly (12 months)**
Half 8:30am-12:30pm	\$475	\$4,750	\$5,700
Full 8:30am-3:30pm	\$640	\$6,400	\$7,680
Extended 6:00am-6:00pm	\$748	\$7,480	\$8,976

5 Days per Week			
	Monthly	Yearly (10 months)**	Yearly (12 months)**
Half 8:30am-12:30pm	\$566	\$5,660	\$6,792
Full 8:30am-3:30pm	\$799	\$7,990	\$9,588
Extended 6:00am-6:00pm	\$935	\$9,350	\$11,220

5% discount given if paid in full 2 weeks before the child's start date.

*The 2, 3 or 4 days per week chosen must be approved by Heartprints staff before 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.**

**Full tuition payment based on 10 month school year August-June or 12 month calendar year.

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.**

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

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.

Tuition Policy:

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.

1. Tuition will be raised no more than 5% at a time and 30 days notice will be given before the raise goes into effect.
2. 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).
3. 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.
4. 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.
5. Registration Fees/Tuition prepayment is due at the time of enrollment if the student is accepted.
6. Each payment is due on or before the 10th day of the month prior to the month of service.
7. A \$30 late fee is assessed on the Tuition balances outstanding on the 11th of the month. A \$30 fee is charged for any check or auto pay returned by the bank. All fees will be added to the next month's tuition payment.
8. 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.
9. 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.
10. A \$40 fee will be added to tuition for children who are at least 2.5 years old and in diapers/pull-ups.
11. 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.
12. Refunds are at the discretion of Heartprints Montessori.
13. Failure to make payments may result in disenrollment.
14. Unpaid balances at 30 days delinquent will be sent to our contracted collection company. Balances sent to collection will incur an additional 25% fee.

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Tuition Contract

This agreement is made between Heartprints Montessori and:

Parent(s) or Guardian(s) [print name(s)]: _____

On behalf of Child [print name]: _____

1. Tuition will be raised no more than 5% at a time and 30 days notice will be given before the raise goes into effect.
2. 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).
3. 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.
4. 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.
5. Registration Fees/Tuition prepayment is due at the time of enrollment if the student is accepted.
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8. 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.
9. 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.
10. A \$40 fee will be added to tuition for children who are at least 2.5 years old and are not potty trained.
11. 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.
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Enrollment Confirmation:

Please review the new tuition rates and make your enrollment selection below:

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

By signing below, the signatory declares to have read, understood, and come into agreement with the terms of this tuition contract. Furthermore, the parent or guardian signing below has established care at this facility for the above noted days and times.

Signature of parent and/or guardian who is financially responsible:

Parent or Guardian (signature)

Date

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Assumption of the Risk & Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Heartprints Montessori has put in place preventative measures to reduce the spread of COVID-19; however, Heartprints cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Heartprints could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Heartprints Montessori and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Heartprints Montessori may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Heartprints Montessori employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Heartprints Montessori or participation in Heartprints Montessori programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Heartprints Montessori, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Heartprints Montessori, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Heartprints Montessori program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Heartprints Montessori Participant(s)

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Parent Handbook Acknowledgment Form

I, the undersigned, acknowledge that I have received a copy of the Parent Handbook for Heartprints Montessori. While I understand that the Parent Handbook is neither a contract nor a legal document, I recognize that it is my responsibility to read and understand the policies, provisions, and procedures contained in the Parent Handbook.

In addition, I understand that the contents of the Parent Handbook are subject to change. I acknowledge that the Parent Handbook will be revised in accordance with the rules or regulations of state, federal, and accrediting entities, and best practices for child care service providers. I recognize that any such revisions will supersede, modify, or eliminate the current contents of the Parent Handbook.

I acknowledge that it is my responsibility to stay informed of policy and procedure revisions to the Parent Handbook, which will be posted on the Heartprints Montessori website at <http://www.heartprintsmontessori.com/>. In the event I do not have internet access, I understand that I can obtain a hard copy of the updated Parent Handbook upon request. Moreover, I recognize that it is my responsibility to contact Heartprints Montessori for any questions I might have about the contents of the Parent Handbook now and in the future.

Child's Name

Parent/Guardian Name (print)

Parent/Guardian Signature

Date