



HEARTPRINTS MONTESSORI

Heartprintsmontessori.com

1735 S. College Avenue, Tempe AZ 8281

Phone: 480-862-4818

Email: heartprintsmont@gmail.com

Enrollment Information

Child's Name: _____

Date of birth: _____

Parent #1 Name: _____

Email Address: _____

Parent #2 Name: _____

Email Address: _____

What will your child's schedule be?

Children can attend either 4 or 5 days a week, and our preference is that they are consistently here for either only full days or only half days, rather than a combination of full and half days.

Monday

Full day

Half day

Tuesday

Full day

Half day

Wednesday

Full day

Half day

Thursday

Full day

Half day

Friday

Full day

Half day

Please note: if you need to change your child's schedule, for one special occasion or permanently, please email or call the school at least a week in advance to ensure we have the space available to do so. We will try to accommodate your needs to the best of our capacities.

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: _____

Welcome to Heartprints!

~The Heartprints team and Lizzie Makalisa-Dennis – Owner & Teacher~



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We would love to know your child a little better...

Child's name _____

1. Is your child potty 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: _____