



ENROLLMENT FORM

Each enrollment form must be accompanied by the registration fee. This fee is non-refundable. There is no refund in tuition for holidays, snow days or illness. A 60-day written notice is required prior to withdrawal. If a written notice is not received, the parents/guardian will be responsible for a fee equal to one month's tuition. Northfield Montessori reserves the right to request a child be withdrawn if, in the opinion of the school, the child does not adjust or benefit from the program.

Child's Name: _____ Gender: _____

Birth Date: _____ Starting Date: _____

How did you hear about us? _____

Program: Infant (6 wks. - 16 mos.) Toddler (16 mos. - 33 mos.) Preschool (33 mos. - 5 yrs.) Kindergarten

Schedule:

5 Days (M - F): Full Extended (6:15 a.m. 5:30 p.m.) Full Days-Preschool Only (8:00 a.m. - 3:30 p.m.)

3 Days (M/W/F): Full Extended (6:15 a.m. 5:30 p.m.) Full Days-Preschool Only (8:00 a.m. - 3:30 p.m.)

2 Days (T/Th): Full Extended (6:15 a.m. 5:30 p.m.) Full Days-Preschool Only (8:00 a.m. - 3:30 p.m.)

Allergy, Medical Condition, or Special Need: Yes No _____

Nap: Yes No Preschool only: potty trained? Yes No

Parent/Guardian 1: _____

Home Address: _____

City, State, Zip: _____ Cell Phone: _____

Email: _____ Work Phone: _____

Employer: _____ Occupation: _____

Parent/Guardian 2: _____

Home Address: _____

City, State, Zip: _____ Cell Phone: _____

Email: _____ Work Phone: _____

Employer: _____ Occupation: _____

County Assistance: Yes No

Person(s) Responsible for Tuition: _____

Signature: _____ Date: _____

FAX (507) 664-9366

HEALTH CARE SUMMARY

MUST BE COMPLETED BY 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

<u>Important Health Problems</u>	<u>Followed By You</u>	<u>Followed By Other Med Source (Name)</u>	<u>Requires Special Attention at Center</u>
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Other information helpful to the child care program _____

Phone _____

Signature of Health Source _____

Address _____

Date _____



OVER THE COUNTER MEDICATIONS

Child Name: _____

The following products may be brought by the parent and used when necessary:

diaper rash ointment - please specify brand _____

baby wipes - please specify brand _____

teething pain relief - please specify brand _____

lotion - please specify brand _____

fever and pain relief - please specify brand _____

sunscreen/bug spray - please specify brand _____

petroleum jelly – (please circle) YES or NO

other(s) - please specify _____

ALLERGIES/RESTRICTIONS

It is important to the safety of all children at Northfield Montessori that we have an accurate allergy/restriction list for each child enrolled. If your child has any food, medication, or substance allergy or restriction, please indicate below. We are required to post all allergies/restrictions in a visible location in each classroom and in the kitchen, so please be specific. Some examples may be: organic food from home only, soy milk only, no meat products, no peanut products, amoxicillin, metals, pets, etc. If you have any questions, please feel free to see either the Director or the Assistant Director. Thank you for your help in this matter.

Allergies/Restrictions:

Signature: _____ Date: _____



340 MONTESSORI COURT
NORTHFIELD, MINNESOTA 55067
PHONE: (607) 683-1279



FAMILY HANDBOOK

Please take a moment to review our digital Family Handbook, found on the "Current Families > Forms" page on our website: www.northfieldmontessori.org

The most recent version will be maintained here, and any updates will be communicated to our families.

This serves to notify Northfield Montessori that I have read and understand the information presented in the Family Handbook. Northfield Montessori reserves the right to modify or update the Family Handbook at anytime.

Signature: _____ Date: _____

CONSENT FOR RELEASE OF HEALTH INFORMATION IN ACCORDANCE WITH 9503.0125

The information contained in the child's record is collected to assist the license holder in providing appropriate care for the child. It is available to the child, the child's parent or guardian, the child's legal representative, employees of the license holder, and the Commissioner of the Minnesota Department of Human Services.

With release, I permit the health consultant of the license holder to review health and medical information contained in the child's record in order to identify specific health/medical needs of the child and to recommend program plans to assist the license holder to meet these medical/health needs.

Signature: _____ Date: _____



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EMAIL CONTACT REQUEST

We would like to do most of our communication through email to help reduce the waste of paper. All invoices are received via email. You may have your invoice sent to two email addresses. When you receive your invoice by email you may choose to pay by credit card for a 3.2% convenience fee. Northfield Montessori accepts Visa and MasterCard. You are NOT required to pay online.

Please be sure to PRINT clearly. Thank you!

Child: _____ Birthdate: _____

Email Address: _____

Email Address: _____

TEXT MESSAGING OPT-IN

From time to time we send out information or reminders via text message. If you would like to opt-in to receive these texts, please provide your mobile phone number and carrier. Standard message & data rates may apply.

Name: _____

Name: _____

Mobile number: _____

Mobile number: _____

Carrier: _____

Carrier: _____

NAP

Preschoolers who are enrolled in a full day at Northfield Montessori are offered the optional opportunity to nap both in the morning and in the afternoon. The decision that is made about napping will need to be consistent until the end of the school year. We do not wake up sleeping children early from their rest time. All toddlers are required to rest daily.

Please sign -- even if your child is half day only.

Child Name: _____

will nap daily

should nap only on occasional basis, as the parent or teacher believes necessary

will not nap

Signature: _____ Date: _____



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PHOTOGRAPHS

From time to time we find occasions to use photographs of the children and would like your permission to do so. The photos will be used for class projects and may include only their first name. They will not be used on our website or on the internet without the additional consent below.

- Yes, Northfield Montessori has my permission to use photographs of my child for class projects.
- No, Northfield Montessori does not have my permission to use photographs of my child for class projects.

SOCIAL MEDIA

So many fun and exciting things happen at Northfield Montessori every day! We want to be able to share these experiences with you and the community. We are thankful that today's technology allows us the avenues to share – via our website, www.northfieldmontessori.org, and Northfield Montessori's Facebook page. We would love to receive your permission to include your child in photos of the activities, presentations, field trips, etc. that we will be sharing. Please know that the safety of all children in our care is a priority and we will never use names or references to specific children in the postings nor will we tag or identify specific parents or families unless asked to do so by the family.

If you haven't already – like us on Facebook: www.facebook.com/northfieldmontessori

- Yes, Northfield Montessori has permission to use photos of my child on www.northfieldmontessori.org and/or on the Northfield Montessori Facebook page.
- No, do not use photos of my child on the website or Facebook page.

Child Name: _____

Signature: _____ Date: _____



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COMPLIANCE

Child Name: _____

Address: _____

Ethnicity of Household:

- Hispanic or Latino
- Not Hispanic or Latino

Race of Household:

- American Indian
- Asian
- Black or African American
- White
- Other Race
- Two or More Races

The above information is requested by the Federal Government in order to monitor compliance with federal laws prohibiting discrimination against applicants seeking participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose to not furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Northfield Montessori is an Equal Opportunity Provider. Discrimination is prohibited by Federal Law. Complaints of discrimination should be sent to:

USDA
Director
Office of Civil Rights
Washington, DC 20250-9410



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SECURITY CARDS

For the safety of our families we have a secured facility. Each parent/guardian is requested to have a security card for entrance into Northfield Montessori. There will be a \$10 fee per key card or \$20 fee per key fob that will be charged to your account. Please notify a director immediately if your card is lost or stolen. If you need a replacement card for ANY reason, another fee will be charged to your account. Please fill out the form below to receive your card(s).

NAME _____

- Key Card
- Key Fob

NAME _____

- Key Card
- Key Fob

WEEKLY MONTHLY

Automated Payment Processing



Procure
SOLUTIONS

Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express[®]—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members; please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

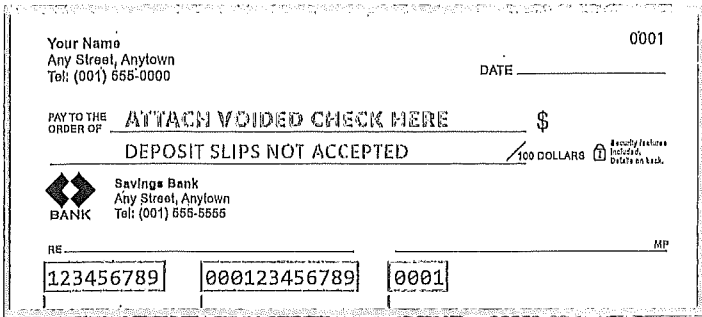
SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

Authorized Signature	Date
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ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER
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FOR OFFICIAL USE ONLY

Date Received
Employee Signature