



**Heart  
Centered  
Montessori**

**Identification and Emergency Information Form**

Name of Child: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Parents: (or guardian) \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Parents: (or guardian) \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent's Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Other \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Any Special Needs: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Hospital Preference: \_\_\_\_\_

Persons within the immediate area to be called in case of emergency and parents cannot be reached:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone #s: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone#s: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Other people authorized to pick up child in non-emergency situations:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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**2012-2013 Infant (3-17 months) Fee Schedule**

**Student Registration Fee:** (non-refundable)

New Students \$250

Returning Students \$125

Heart Centered Montessori's Early Childhood tuition is based on the entire school year cost. You have the option to pay the tuition in full by September 1<sup>st</sup> or you may opt to pay either ten monthly payments made September 1<sup>st</sup>, 2012 to June 1<sup>st</sup>, 2013, or nine monthly payments September 1<sup>st</sup> to May 1<sup>st</sup>. Holidays and closures are reflected in all tuition fees.

**# Mornings/Week      Yearly Tuition      10 Monthly Payments      9 Monthly Payments**

**Morning - Hours 8:30am to Noon**

4                      \$5,850/year                      \$585/month                      \$650

5                      \$6,550/year                      \$655/month                      \$727.77

**# Days/Week      Yearly Tuition      10 Monthly Payments      9 Monthly Payments**

**Extended Day - Hours 8:30am to 3pm**

4                      \$8,750/year                      \$875/month                      \$972.22

5                      \$10,500/year                      \$1,050/month                      \$1,166.66

**# Days/Week      Yearly Tuition      10 Monthly Payments      9 Monthly Payments**

**Full Day Hours 8:30am to 5pm**

4                      \$10,750/year                      \$1,075/month                      \$1,194.44

5                      \$12,700/year                      \$1,270/month                      \$1,411.11

**\*Parents will provide food for their child from home or the cost to provide food from the service \*Organic Fresh Fingers\* will be billed separately.**



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**2012-2013 Infant Enrollment/Tuition Agreement**

Child's Name \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Parent(s) Guardian(s) Names: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please check the program you wish to enroll your child and specify which days and payment plan you prefer:

**Mornings - 8:30am to Noon**

**Extended Day - 8:30am to 3pm**

|                   |                         |                   |                             |
|-------------------|-------------------------|-------------------|-----------------------------|
| _____ 4 AM's/Week | \$585 or \$650/month    | _____ 4 Days/Week | \$875 or \$972.22/month     |
| _____ 5 AM's/Week | \$655 or \$727.77/month | _____ 5 Days/Week | \$1,050 or \$1,166.66/month |

**Full Day - 8:30am to 5pm**

|                   |                             |
|-------------------|-----------------------------|
| _____ 4 Days/Week | \$1,075 or \$1,194.44/month |
| _____ 5 Days/Week | \$1,270 or \$1,411.11/month |

**\*\*Tuition prices do not include formula, milk, meals or snacks.**

**\*\*\* Tuition is due by the 1st of each month. Holidays and closures are reflected in the monthly tuition rates. A late fee of \$25.00 will apply if monthly tuition is paid after the 7<sup>th</sup> of the month.**

**\*\*\*\* PLEASE NOTE: By signing this agreement form, you are enrolling your child in Heart Centered Montessori's Infant Program that serves children ages 3 months through 17 months of age and follows the 2012-2013 school calendar. A non-refundable enrollment fee of \$250 per new student or \$125 per returning student is due with this form February 1<sup>st</sup>, 2012. The first month's tuition is due September 1<sup>st</sup>, 2012.**

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Heart Centered Montessori School, mailing address: 2152 SW Ek Road, West Linn, OR 97068

Heart Centered Parenting, LLC



**Heart  
Centered  
Montessori**  
**Permission Form**

Please read carefully and place your initials next to each:

\_\_\_\_\_ I hereby grant permission for my child to participate in Heart Centered Montessori School's programs and use all the equipment in the classroom of the facility, which may involve a risk of accidental injury despite all safety precautions. Having been informed of the activities conducted by Heart Centered Montessori School, I/we, as parents and guardians of the child named herein, assume all risks and hazards incidental to the activities, and release from responsibility and agree to indemnify and hold harmless Heart Centered Montessori School, it's directors, teachers, independent contractors, volunteers and all employees for any illness or injury to my child or family members occurring during his/her/our participation in any activity/program or use of any part of the facility and conducted by the Heart Centered Montessori School.

\_\_\_\_\_ I hereby grant permission for my child to be included in print pictures or on Heart Centered Montessori School's website to promote the program.

\_\_\_\_\_ I hereby authorize our family's contact information (e-mail, phone number and home address) to be included in the Heart Centered Montessori School Directory.

\_\_\_\_\_ I hereby grant permission for the director or any of the teachers and assistants of Heart Centered Montessori to secure and authorize any emergency medical treatment that my child might require while under their supervision. In most emergencies, 911 is called and the child is transported to the hospital and seen by the Doctor on call. I also agree to pay all the costs and fees contingent on emergency medical care or treatment for my child as secured or authorized under this consent.

**NOTE: Every effort will be made to notify the child's parents or guardian in case of an emergency. All emergency contact information is provided on Identification/Emergency Form.**

Signed: \_\_\_\_\_ (Parent/Guardian)

Child's Name: \_\_\_\_\_ (Please Print)

Date: \_\_\_\_\_

Insurance Carrier Name and Policy Number:

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