



**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 Young Child and Toddler (18-35 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 1st or you may opt to pay either ten monthly payments made September 1st, 2012 to June 1st, 2013, or nine monthly payments September 1st to May 1st. Holidays and closures are reflected in all tuition fees.

<u># Mornings/Week</u>	<u>Yearly Tuition</u>	<u>10 Monthly Payments</u>	<u>9 Monthly Payments</u>
Mornings 8:30am to 12pm			
4	\$5,000/year	\$500/month	\$555.55
5	\$5,800/year	\$580/month	\$644.44
<u># Days/Week</u>	<u>Yearly Tuition</u>	<u>10 Monthly Payments</u>	<u>9 Monthly Payments</u>
Extended Day - Hours 8:30am to 3 pm			
4	\$7,900/year	\$790/month	\$877.77
5	\$9,150/year	\$915/month	\$1,016.66
<u># Days/Week</u>	<u>Yearly Tuition</u>	<u>10 Monthly Payments</u>	<u>9 Monthly Payments</u>
Full Day Hours 8:30am to 5pm			
4	\$9,450/year	\$945/month	\$1,050
5	\$11,000/year	\$1,100/month	\$1,222.22

*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 Young Child and Toddler 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 \$500 or \$555.55/month

_____ 4 Days/Week \$790 or \$833.33/month

_____ 5 AM's/Week \$580 or \$644.44/month

_____ 5 Days/Week \$915 or \$1,016.66/month

Full Day - 8:30am to 5pm

_____ 4 Days/Week \$945 or \$1,050/month

_____ 5 Days/Week \$1,100 or \$1,222.22/month

*** Tuition prices do not include milk, meals or snacks. Organic Fresh Fingers program will be billed separately.**

**** 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 7th of the month or for a returned check.**

****** PLEASE NOTE: By signing this agreement form, you are enrolling your child in Heart Centered Montessori's Young Child or Toddler Program that serves children ages 18 through 35 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 1st, 2012. The first month's tuition is due September 1st, 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 teacher's and assistant's 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: _____