



Sunflower Montessori and Day Care

7561 142nd Street West, Apple Valley, MN 55124

Phone: 952-583-2402/3; Fax: 952-583-2146

e-mail: sunflower@sunflowermontessorianddaycare.com

Contract and Application for Admission

CHILD'S NAME		CALLING NAME	
DATE OF BIRTH	AGE	SEX: F / M	START DATE
PREVIOUS MONTESSORI SCHOOLING: YES/NO		IF YES, SPECIFY	
PHYSICAL OR MENTAL DISABILITIES: YES/NO		IF YES, SPECIFY	
PARENT'S MARITAL STATUS: MARRIED SINGLE DIVORCED WIDOWED			
CHILD LIVES WITH: FATHER/MOTHER/GUARDIAN			
TIME ARRIVAL		TIME PICK-UP	
DAYS YOUR CHILD WILL ATTEND MONTESSORI (please circle)			
Monday	Tuesday	Wednesday	Thursday Friday

PARENT/GUARDIAN INFORMATION

FATHER'S LAST NAME		FIRST NAME	
OCCUPATION	COMPANY	PHONE	
MOTHER'S LAST NAME		FIRST NAME	
OCCUPATION	COMPANY	PHONE	
HOME ADDRESS			
HOME PHONE			
GUARDIAN'S LAST NAME		FIRST NAME	
OCCUPATION	COMPANY	PHONE	
E-MAIL			
HOW DID YOU HEAR ABOUT US?			

EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (OTHER THAN PARENT). AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.

NAME	RELATIONSHIP	PHONE #
ADDRESS		
NAME	RELATIONSHIP	PHONE#
ADDRESS		
NAME	RELATIONSHIP	PHONE#
ADDRESS		

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my Child with the physician or hospital of my choice.	
If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize Sunflower Montessori and Day Care to make necessary decision and/or arrangements on behalf of my child/children.	
<p>_____</p> <p>Signature and date of Parent/Guardian</p>	
NAME OF PHYSICIAN	PHONE
NAME AND ADDRESS OF PHYSICIAN'S CLINIC	
NAME AND ADDRESS OF PREFERRED HOSPITAL	
NAME OF DENTIST	PHONE
NAME AND ADDRESS OF DENTAL CLINIC	

PLEASE FILL IN BELOW

SPECIAL DIETARY NEEDS (IF ANY):		
IS YOUR CHILD CURRENTLY TAKING ANY MEDICATIONS	Yes	No
If yes;		
Name of Medication:		
Reason:		
Comments:		

ADDITIONAL INFORMATION ON CHILDREN FROM 6 WEEKS TO 33 MONTHS

Please give us as much information as possible of your child.

EATING HABITS:
SLEEPING HABITS:
COMMUNICATION METHODS:
TOILETING:
WOULD LIKE TO BE COMFORTED BY:

Additionally to the weekends (Saturday and Sunday) Sunflower Montessori and Day Care will be closed on the following days. If a legal holiday falls on a Saturday, we will be closed the Friday before. If a legal holiday falls on a Sunday, we will close on the following Monday.

- New Year's Eve
- New Year's Day
- Martin Luther King Day (Teacher's Workshop)
- Good Friday
- Memorial Day
- Independence Day
- Last Friday of August (Staff Development Day)
- Labor Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Eve
- Christmas Day

There is a non-refundable application fee of \$50.00. Each application for enrollment must be accompanied by the registration fee before it can be processed. Please make this payment by check to "Sunflower Montessori and Day Care". There is no refund for holidays stated above or illness.

Vacation - If you will be going on vacation, a ½ (one half) of the current week's payment is required as tuition. Vacation can only be applied 90 days after enrollment. One Vacation week is applicable for every calendar year.

Withdrawal - A two week written notice is required prior withdrawal for any reason. **Your child's last 2 weeks of tuition is due with the withdrawal notice.**

Payment Plans offered;

- Once in 4 weeks – First day of the beginning of the four week session.
- Once in two weeks – The first day of the beginning of a two week session.
- Once a week- every Monday of the current week.

Tuition not paid within 1 day of the due date will incur a \$25.00 late fee. Charge for a returned check is \$35.00. **Fees are reviewed once a year, before September 31st and will be notified the first week of October.**

Part time - There will be no exchange of days for part-time students. Exchanging days creates a problem for staffing, and when another student taking the days when your child is not here. Once you choose the days your child attends, you will be locked onto those chosen days. **Part time is not a permanent or guaranteed position. In case of a potential fulltime enrollment, Sunflower Montessori and Day Care will give the most current part time family of that room a 2 weeks notice to change the status to full time or find alternate care.**

***Early Preschoolers need to be completely potty trained and accident free through naptime to qualify for the Pre-K tuition rate.**

Late Fee - If a child is dropped off before 6:30 am or picked up later than 6.00p.m., there is an early/late charge of \$1.00 for every minute. It is required that the parents call the school if they are running late. Please pay whatever you owe as late charges (in cash) the same day when you pick up your child to the teacher in charge and not to the school.

Infant Spot Reservation – The fee for reserving an infant spot will be the Application fee of \$50.00 and the First full week’s tuition. The first week’s tuition will be applied towards your child’s tuition the first week he/she starts. Infant spot reservation fee is a nonrefundable deposit.

ACKNOWLEDGEMENTS

I have received a copy of this facility's policies pertaining to the admission Care and discharge of children.	Parent/Guardian Initial	
The provider and I have agreed on a plan for continuing communication regarding my child's development	Parent/Guardian Initial	
When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care until the child feels better.	Parent/Guardian Initial	
I understand and agree to the late tuition fee, returned check fee and late pick-up/early drop-off fee.	Parent/Guardian Initial	
I understand that before the first day of attendance of my child I will provide proof of completed age-appropriate immunizations or exemption from immunizations.	Parent/Guardian Initial	
I understand and acknowledge that Sunflower Montessori and Day Care will be closed on the above stated days other than Saturdays and Sundays.	Parent/Guardian Initial	
I acknowledge receiving the Policies for Parents of Sunflower Montessori and Day Care	Parent/Guardian Initial	
I have read and understood the Vacation, Withdrawal and Part time Policies.	Parent/Guardian Initial	
I have read and understood the part time child care policy and Infant nonrefundable reservation fee policy.	Parent/Guardian Initial	

Signature of Parent/Guardian

Today’s Date

This contract is valid starting the above signed date.