



Blooming Minds Montessori Enrollment Application

2020/2021 Application (Office use only)

Date/Time Application was received: _____

Child's Start Date: _____

Child's Program: _____

Staff Signature: _____

Parents or Legal Guardians Information *Who is primarily responsible for payments (choose one):* Person 1 [] Person 2 []

Person 1- Mother or Guardian 1:

Name: _____

First Middle Last

Address: _____

City State Zip

Phone: _____

Cell Phone Provider: _____

Business Phone: _____

E-mail Address: _____

Occupation & Place of Employment: _____

Person 2- Father or Guardian 2:

Name: _____

First Middle Last

Address: _____

City State Zip

Phone: _____

Cell Phone Provider: _____

Business Phone: _____

E-mail Address: _____

Occupation & Place of Employment: _____

Child lives with: BOTH PARENTS MOTHER FATHER OTHER: _____

Marital Status of Parents: MARRIED DIVORCED SINGLE REMARRIED DOMESTIC PARTNERS WIDOWED

Custody agreement if parents are not married: _____

Who has legal status of child if not parents? _____

Student Information

Name: _____

First

Middle

Last

Home Phone: _____

Gender (please circle one): FEMALE MALE

Address: Check if same as- Person 1 [] Person 2 [] Both []

Date of Birth: _____

Nick Name: _____

Any special notes? _____

City

State

Zip

Student Program

Program (please check one): SPROUTS 6wk-12mo [] SUNSHINES 1-2 years [] RAINDROPS 2-3 years [] BUMBLEBEES 3-4 years []

BLOSSOMS 4-6 years []

KINDERGARTEN (5 by 9/1/2022) []

Schedule (please check one): 2 DAYS PER WEEK [] 3 DAYS PER WEEK [] 5 DAYS PER WEEK []

Which days will your child attend (please circle all that apply): MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Will your child be attending extend care? YES [] NO []

Estimated arrival time: _____ Estimated departure time: _____ How many total hours of extend care? _____

How did you hear about us?

FLYER NEWSPAPER AD GOOGLE FACEBOOK CARE.COM DRIVE BY INTERNET

I WAS REFERRED BY: _____

OTHER: _____

Notes

Are there any special notes or exceptions pertaining to anything above?

Emergency Contacts:			
Name	Relationship to child	Address	Phone
1.			
2.			
3.			
4.			
5.			
Those authorized to pick up child (list same as above if same):			
Name	Relationship to child	Address	Phone
1.			
2.			
3.			
4.			
5.			
Out of state contact:			
Name	Relationship to child	Address	Phone
1.			
Child's Siblings:			
Names, ages, and schools attending:			
Names, ages, and schools attending:			

Allergies and Food Sensitivities

Is the child allergic to any medication? *If yes, please list what medication and the severity below

Is the child allergic to any foods? *If yes, please list what and severity below

Does the child have any other allergies? *If yes, please list what and the severity below

Does the child have any special sensitivities? If yes, please list what and the severity below

Annual Health Assessment

Today's Day: _____

Name of Child's Doctor: _____

Child's Name: _____

Doctor's Office Address: _____

Child DOB: _____

Doctor's Office Phone Number: _____

Date of Child's Last Exam: _____

Is the child current with immunizations? _____

**Has the child been diagnosed with any of the following chronic illnesses or medical conditions:
Check here if NONE []**

Asthma []	Please explain:
Diabetes []	Please explain:
Seizures []	Please explain:
Heart Problems []	Please explain:
Other []	Please explain:

**Has the child been diagnosed with any of the following disabilities:
Check here if NONE []**

Hearing Impairments []	Please explain:
Visual Impairments []	Please explain:
Developmental Delay []	Please explain:
Emotional Problems []	Please explain:
Physical Impairment []	Please explain:
Other []	Please explain

Is your child on a behavior plan we should be aware of to ensure success?

Check here if NONE []

Medications your child takes:

Check here if NONE []

Any additional health information:

Check here if NONE []

Any instructions for your child's daily care:

Check here if NONE []

Parent/Guardian Signature and date:

Contract and Policy Agreements- Parent/Legal Guardian will need to initial all of the below

1. I understand and agree that BMM has a soft inside shoe policy. I must provide a pair of soft shoes for my child while they are inside the classroom to stay in their cubby at school. Acceptable inside shoes are- slippers or a shoe with a soft sole. I understand and agree that I also need to provide my child with a pair of outside shoes for recess. **Initials:** _____
2. I understand and agree that I need to supply and bring all the items listed in clause 21 of parent handbook. **Initials** _____
3. I understand and agree that BMM has an extra clothes and extra bedding bin that teachers will use for your child if they run out of extra clothes or do not have bedding. If your child gets sent home with clothing or bedding labeled “BMM’s EXTRA” you have 2 school days to wash and return these items to school. If you do not return them you will be charged \$1 per day until we get them back. **Initials:** _____
4. I understand and agree that Blooming Minds Montessori focuses on fostering the child’s independence. For this reason, BMM allows the child to feed themselves, dress themselves, wipe their own noses, wash their own hands, get their own water, serve themselves and their friends snack, unpack and prepare their own lunch, use paint and other art supplies on their own, explore sand, dirt, and water on their own, etc. While we encourage children to do these things on their own, teacher’s do help and step in when needed but for these reasons we ask that parents provide bibs and clothing that you do not mind your child getting messy in. **Initials:** _____
5. I understand and agree that BMM teachers are willing to give their personal cell phone number out to parents for communication purposes. However, this is with the intention that parents respect teacher’s personal time and only contact teachers on their cell phones M-F 7am-7pm. If you would like your child’s teacher’s cell phone number you may email them to request it. If parents abuse this and contact teachers outside of the allotted time we will take this privilege out of our contract. **Initials:** _____
6. I understand and agree that teachers at BMM may apply lotion, lip ointments, hand sanitizer, diaper rash cream, care for hair, care for nails, etc. to help care for each child. **Initials:** _____
*Please check if there is something you wish the teachers **do not** apply or care for during school: Other [] _____
Lotion [] Lip Ointments [] Hand Sanitizer [] Diaper Rash Cream [] Care for hair [] Care for nails []
7. I understand and agree that the schedule I have selected for my child above is the schedule that Blooming Minds is reserving for my child. I understand that these are the only dates and times my child may attend so the school can stay in correct student to teacher ratio. Blooming Minds does not allow “make-up” days- meaning, if my child misses a day in their schedule, they may not make it up on a day that is not included in their schedule. If for any reason you need your child to come an extra day, BMM needs a 48-hour notice so we can check to see if we have space for an extra child that day. If we do permit your child to come for an extra day, an extra day charge will be added to your invoice. I understand and agree that I may not choose a week to week schedule for my child. BMM schedules are set up on a monthly basis- if you select a 3-day schedule, your child may come for 3 days only and it must be the same three days every week. If you need to change your child’s schedule, you may submit a written request and we will return a form to you with approval or denial of the schedule change. **Initials:** _____
8. I understand and agree that I will need to provide alternative care for my child on the days the school is closed (stated in the annual calendar). Blooming Minds Montessori has based tuition on an annual school year basis, this means we have added up all of the days in the 12-month year that the school is open and figured out tuition based on those days only. **Initials:** _____

Payment and fee Policy: I understand and agree that monthly tuition is due the 1st of each month and late after the 15th of each month. I agree to pay the amount listed on the tuition sheet for my child's program. Your account will be charged a \$25 late fee and \$10 per day until payment is submitted in full when it is not submitted by the 15th. A \$25-dollar fee will be charged for returned checks and credit card decline. Annual fees include \$100 material and \$50 activity which I pay every school year. I agree to pay the annual fees 30 days after submitting this application. I agree to pay the \$100 registration onetime fee when I submit this application.

Parents/Legal Guardian Signature & Date:

Emergencies: In case of emergency or serious illness, I hereby authorize Blooming Minds Montessori to obtain emergency medical care and/or provide emergency medical transportation.

Parents/Legal Guardian Signature & Date:

Withdrawing Policy: I understand and agree that I am responsible to give Blooming Minds Montessori a paid 30 days' notice if I decide to withdraw my child before the school year ends. If I withdraw my child early, I agree that all fees are non-refundable.

Parents/Legal Guardian Signature & Date:

Parent Handbook: I have read and understand and agree to all terms in Blooming Minds Montessori's parent handbook.

Parent/Guardian Signature & Date:

Photos: I give Blooming Minds permission to take photos of my child while attending Blooming Minds. Further, I give permission for Blooming Minds to utilize these photos in their marketing efforts, including brochures, posters, websites, newsletters, social media, and blogs. Names of children will not be associated with pictures for marketing efforts.

Parents/Guardian Signature & Date:

I hereby enroll _____ into Blooming Minds Montessori Preschool. The laws of the state of Utah govern this enrollment agreement. I understand and agree with all terms on all pages of this enrollment contract and parent handbook.

Parents/Guardian Signature & Date: