

## Registration Form – Lake Harriet Montessori School

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

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

	Mon.	Tue.	Wed.	Thu.	Fri.
AM	_____	_____	_____	_____	_____
PM	_____	_____	_____	_____	_____

Parent's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phones: \_\_\_\_\_ Emails: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child lives with: \_\_\_\_\_ Person responsible for tuition: \_\_\_\_\_

How did you find out about LHM: \_\_\_\_\_

List any individual child care needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Person(s) authorized to pick up my child:

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

Person(s) not authorized to pick up my child:

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

I would like my child to take a nap at school:    Yes        No    (please circle one)

In case of emergency or illness, I authorize the following person(s) to act on my behalf if I cannot be reached:

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

I hereby authorize Lake Harriet Montessori to take my child to the Hennepin County Emergency Room or the Minneapolis Children's Emergency Room if necessary, or if we are unable to contact the parents or any of the listed emergency numbers. Signature: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Please Read Carefully**

**ADMISSION:** Our application fee is \$75. There is an annual \$50 materials fee. In order to guarantee that an available opening will be held for your child, you must designate the number of days/half days that your child will be attending and pay a one-half of one month's tuition for his/her enrollment. The half-month deposit guarantees a place for your child and will be returned to you upon completion of your child's tenure at Lake Harriet Montessori.

**TUITION:** Monthly payments are due by the 15<sup>th</sup> of the month. A late fee of \$25 will be added to your bill at the end of the month if there is an outstanding balance in your account. The board maintains the right to suspend enrollment when an account is 30 days overdue and/or submit unpaid bills to a collection agency. There are no refunds for tuition holidays, illness or vacation. There is a 20-hour weekly tuition minimum. A two-week notice of any schedule changes is required. Late pick up (after 6:00 pm) or early drop off (before 7:30) fees of \$1 per minute will be levied. At least two weeks notice before removing your child from Lake Harriet Montessori is required. You will be billed for two weeks of fees if the removal notice is less than two weeks. Lake Harriet Montessori reserves the right to amend and/or include additional policies or fees; a 30-day notice will be posted prior to any policy change.

I agree to the terms and program policies stated above:

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

Print Name: \_\_\_\_\_