



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
CURRENT HOME ADDRESS (Street, City, State, Zip):			
PREVIOUS MONTESSORI SCHOOLING: YES/NO		IF YES, SPECIFY	
DISABILITIES: YES/NO		IF YES, SPECIFY	
PARENT'S MARITAL STATUS: MARRIED SINGLE DIVORCED WIDOWED			
CHILD LIVES WITH: FATHER/MOTHER/GUARDIAN			
TIME OF ARRIVAL		TIME OF PICK-UP	
DAYS YOUR CHILD WILL ATTEND THE MONTESSORI (please circle)			
Monday	Tuesday	Wednesday	Thursday Friday

PARENT/GUARDIAN INFORMATION

MOTHER'S/FATHER'S LAST NAME		FIRST NAME
OCCUPATION	COMPANY	PHONE
HOME ADDRESS (Street, City, State, Zip):		
MOTHER'S/FATHER'S LAST NAME		FIRST NAME
OCCUPATION	COMPANY	PHONE
HOME ADDRESS (Street, City, State, Zip):		
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 (please write down a minimum of 2 contact persons)

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 my child’s medical care 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 a necessary decision and/or arrangements on behalf of my child/children.

Signature and date of Parent/Guardian

*NAME OF FAMILY PHYSICIAN	PHONE
NAME AND ADDRESS OF PHYSICIAN’S CLINIC	
NAME AND ADDRESS OF PREFERRED HOSPITAL	
*NAME OF FAMILY DENTIST	PHONE
NAME AND ADDRESS OF DENTAL CLINIC	

***Please note – Must fill out all areas of Family Physician and Family Dentist information.**

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 about your child.

EATING HABITS:

SLEEPING HABITS:

COMMUNICATION METHODS:

TOILETING:

WOULD LIKE TO BE COMFORTED BY:

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

- | | |
|----------------------------------------------------|---------------------------------------------------------|
| i. New Year's Day | viii. Thanksgiving Day |
| ii. Martin Luther King Day (Staff Development Day) | ix. Friday after Thanksgiving |
| iii. Good Friday (Staff Development Day) | x. Christmas Eve |
| iv. Memorial Day | xi. Christmas Day |
| v. Independence Day | xii. Spring Program Day (in May)-close at Noon |
| vi. Last Friday of August (Staff Development Day) | xiii. Christmas Program Day (in December)-close at Noon |
| vii. Labor Day | xiv. New Year's Eve |

***There is no refund of tuition for the above holidays, illness, or absent days. Vacation may not be used on a scheduled center closing.**

There is a non-refundable application fee of \$100.00. Each enrollment application must be accompanied by the registration fee before it can be processed. Please make this payment by check to "Sunflower Montessori and Day Care." All enrollment documents must be provided before a child starts.

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 after 90 days of enrollment. One Vacation week is applicable for every calendar year. If your child is only enrolled in our summer program, not year-round, you are not eligible for vacation days. Vacation days must be used as a whole and can only be used if your child is not physically attending the Center for that week. A two-week notice of vacation must be received by the Center for a vacation to be applied to tuition.

Withdrawal - A two-week written notice is required before withdrawal for any reason. **Your child's last 2 weeks of tuition are due with the withdrawal notice.** If for any reason notice is not received 2 weeks before withdrawal, parents assume the liability of tuition for the duration of the weeks the child attends. Also, you may not alter your scheduled days per contract within the last two weeks of withdrawal.

a) Tuition Payment Methods offered:

- i. Once in 4 weeks – The first day or the Friday before the beginning of the four-week session.
- ii. Once in two weeks – The first day or the Friday before the beginning of a two-week session.
- iii. Once a week- Every Monday or the Friday before the current week.

b) Other Tuition Information

- i. Tuition not paid within 3 days (by Wednesday) of the due date will incur a \$25.00 late fee.
- ii. The charge for a returned check is \$35.00.
- iii. There is no refund of tuition for the Center holidays, early closings, adverse weather closings, illness, or absent days.
- iv. Unscheduled vacation (without 2 weeks' notice) may not be used on a scheduled center closing, holidays, early closings, adverse weather closings, or absent days.
- v. Fees and Tuition are reviewed once a year and will be notified the second week of October.
- vi. Childcare services will be suspended if tuition is not received by Friday of the same week.

c) Part-time

There will be no exchange of days for part-time students. Exchanging days creates a problem for staffing, and if another student takes 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 full-time enrollment, Sunflower Montessori and Day Care will give the most current part-time family in that room a 2 weeks' notice and the choice to enroll full-time or to find alternate care.

d) Early Drop-Off Late/ Pick-Up Charges

If a child is dropped off before 7 a.m. or picked up later than 6:00 p.m., there is an early/late charge of \$1.00 for every minute. It is required that the parents call (not e-mail) the school before 6:00 p.m. if they are running late. Please drop off a separate check (written to "Sunflower Montessori") the same day when you pick up your child.

e) Infant Spot Reservation

The fee for reserving an infant spot will be the Application Fee of \$100.00 and the first full first week's tuition. The first week's tuition will be applied towards your child's tuition the first week he/she starts. The infant spot reservation fee is non-refundable.

f) Families with State/Federal Assistance

If a family receives state/federal assistance, all paperwork including authorization paperwork with a clear indication of the assistance start date, end date, and re-determination (must be received by the Center) before the child starts. At re-determination, the family or the County must inform the Center by mail or e-mail when they forward the paperwork and any other information about the case. If the information on re-authorization is not received on time, the family is required to pay out of pocket until such time the re-authorization letters are received.

g) Withdrawal

A two-week written notice is required before withdrawal for any reason. **Your child's last 2 weeks of tuition are due with the withdrawal notice.** If for any reason notice is not received 2 weeks before withdrawal, parents assume the liability of tuition for the duration of the weeks the child attends. Also, you may not alter your scheduled days per contract within the last two weeks of withdrawal.

ACKNOWLEDGEMENTS

I have received a copy of Sunflower policies about admission, care and discharge/un-enrollment of my child/children and that all information with regards to changes of Policies, tuition, etc., will be communicated through e-mail and text messages	Parent/ Guardian Initial	
The provider and I have agreed on a plan for continuing communication regarding my child's development and any issues that arise while in care	Parent/Guardian Initial	
When my child is ill, I understand and agree that she/he may not be accepted for care or remain in care until the child is better.	Parent/Guardian Initial	
I understand and agree to the tuition payment policy, late tuition fee, returned check fee, vacation, 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 and a Health Care Form.	Parent/Guardian Initial	
I understand and acknowledge that Sunflower Montessori and Day Care will be closed on the above-mentioned days along with Saturdays and Sundays and severe weather closings.	Parent/Guardian Initial	
I acknowledge receiving the Policies for Parents (Parent Handbook) of Sunflower Montessori and Day Care and its amended COVID/Sick Child Policy.	Parent/Guardian Initial	
I have read and understood the Vacation, Withdrawal, and Part-time Policies.	Parent/Guardian Initial	
I have read and understood the Infant non-refundable reservation fee policy.	Parent/Guardian Initial	
I have read and understood the State and Federal tuition Assistance policy (if applicable)		

Signature and date of Parent/Guardian

Signature and date of Parent/Guardian

This contract is valid starting the above-signed date.