



340 MONTESSORI COURT  
NORTHFIELD, MINNESOTA 55057  
PHONE: (507) 663-1279

### ENROLLMENT FORM

Each enrollment form must be accompanied by the registration fee. This fee is non-refundable. There is no refund in tuition for holidays, snow days or illness. A 30-day written notice is required prior to withdrawal. If a written notice is not received, the parents/guardian will be responsible for a fee equal to one month's tuition. Northfield Montessori reserves the right to request a child be withdrawn if, in the opinion of the school, the child does not adjust or benefit from the program.

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

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

How did you hear about us? \_\_\_\_\_

Program:  Infant (6 wks. - 16 mos.)  Toddler (16 mos. - 33 mos.)  Preschool (33 mos. - 5 yrs.)  Kindergarten

**Schedule:**

5 Days (M - F):  Full Days (8:00 a.m. - 3:30 p.m.)  Full Extended (6:00 a.m. - 6:00 p.m.)  Half Days (a.m. or p.m.)

3 Days (M/W/F):  Full Days (8:00 a.m. - 3:30 p.m.)  Full Extended (6:00 a.m. - 6:00 p.m.)  Half Days (a.m. or p.m.)

2 Days (T/Th):  Full Days (8:00 a.m. - 3:30 p.m.)  Full Extended (6:00 a.m. - 6:00 p.m.)  Half Days (a.m. or p.m.)

Nap:  Yes  No      Preschool only: potty trained?  Yes  No      Public School Kindergarten Care:  Before  After

Parent/Guardian 1: \_\_\_\_\_ SS#: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ SS#: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

County Assistance:  Yes  No

Person(s) Responsible for Tuition: \_\_\_\_\_

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

NORTHFIELD MONTESSORI IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.

[www.northfieldmontessori.org](http://www.northfieldmontessori.org)

# Child Care Immunization Form

*Must be on file before a child attends child care*

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Date of Enrollment \_\_\_\_\_

Minnesota law requires children enrolled in child care to be immunized against certain diseases or file a legal medical or conscientious exemption.

**Parent/Guardian:**

You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

Type of Vaccine	DO NOT USE (✓) or (✗)	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
<b>Required</b> (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)						
<b>Diphtheria, Tetanus, and Pertussis (DTaP, DTP)</b> • 3 doses during 1st year (at 2-month intervals) • 4 <sup>th</sup> dose at 12-18 months • 5 <sup>th</sup> dose at 4-6 years <i>Indicate vaccine type: DTaP or DTP</i>						
<b>Polio (IPV, OPV)</b> • 2 doses in the first year • 3 <sup>rd</sup> dose by 18 months • 4 <sup>th</sup> dose at 4-6 years					5th dose not required if 4th dose was given on or after the 4th birthday	
<b>Measles, Mumps, and Rubella (MMR)</b> • Required for children 15 months and older • 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday • 2 <sup>nd</sup> dose at 4-6 years						
<b>Haemophilus influenzae type b (Hib)</b> • 2-3 doses in the first year • 1 dose required after 12 months or older • For unvaccinated children 15-59 months, 1 dose is required • Not required for children 5 years or older						
<b>Varicella (chickenpox)</b> • Required for children 15 months and older • 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday • 2 <sup>nd</sup> dose at 4-6 years						
<b>Pneumococcal Conjugate Vaccine (PCV)</b> • Required for children age 2 - 24 months • 3 doses in the first year • 4 <sup>th</sup> dose after 12 months • At least 1 dose is recommended for children 24-59 months in child care						
<b>Hepatitis B (hep B)</b> • 2-3 doses in the first year • 3 <sup>rd</sup> dose (final dose) by 18 months						
<b>Hepatitis A (hep A)</b> • 2 doses separated by 6 months for children 12 months and older						
<b>Recommended</b>						
<b>Rotavirus (2-3 doses between 2 and 6 months)</b>						
<b>Influenza (annually for children 6 months or older)</b>						

Name \_\_\_\_\_

**Instructions, please complete:**

Box 1 to certify the child's immunization status

Box 2 to file an exemption (medical or conscientious)

**1. Certify Immunization Status.** Complete A or B to indicate child's immunization status.

**A. Children who are 15 months or older:**

For children who are 15 months or older and who have received all the immunizations required by law for child care:

I certify that the above-named child is at least 15 months of age and has completed the immunizations which are required by law for child care.

\_\_\_\_\_  
Signature of Parent / Guardian OR Physician /  
Nurse Practitioner / Physician Assistant / Public  
Clinic

\_\_\_\_\_ Date

**B. Children who are younger than 15 months:**

For children who are younger than 15 months OR have not received all required immunizations:

I certify that the above-named child has received the immunizations indicated. In order to remain enrolled this child must receive all required vaccines within 18 months from initial enrollment date. The dates on which the remaining doses are to be given are:

\_\_\_\_\_  
Signature of Physician / Nurse Practitioner /  
Physician Assistant / Public Clinic

\_\_\_\_\_ Date

**2. Exemptions to Immunization Law.** Complete A and/or B to indicate type of exemption.

**A. Medical exemption:**

No child is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a child to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see \* below). List exempted immunization(s):

\_\_\_\_\_  
Signature of physician / nurse practitioner / physician  
assistant

\_\_\_\_\_ Date

\*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in \_\_\_\_\_ (year)

\_\_\_\_\_  
Signature of physician / nurse practitioner /  
physician assistant (If disease occurred before  
September 2010, a parent can sign.)

**B. Conscientious exemption:**

No child is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the child or others they come in contact with. In a disease outbreak, children who are not vaccinated may be excluded in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_ Date

Subscribed and sworn to before me this:

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of notary (A copy of the notarized statement  
will be forwarded to the commissioner of health.)

# HEALTH CARE SUMMARY

**MUST BE COMPLETED BY HEALTH CARE SOURCE**

Date of Enrollment: \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_

Birth Date \_\_\_\_\_

ADDRESS \_\_\_\_\_

Telephone \_\_\_\_\_

PARENT(S) OR GUARDIAN \_\_\_\_\_

Date of last physical examination \_\_\_\_\_ How long have you been seeing this child? \_\_\_\_\_

How frequently do you see this child when he/she is not ill? \_\_\_\_\_

Does this child have any allergies (including allergies to medications)? \_\_\_\_\_

Is a modified diet necessary? \_\_\_\_\_

Is any condition present that might result in an emergency? \_\_\_\_\_

What is the status of the child's... Vision \_\_\_\_\_

Hearing \_\_\_\_\_

Speech \_\_\_\_\_

Please list below the important health problems

Important Health Problems

Followed  
By You

Followed By Other  
Med Source (Name)

Requires Special  
Attention at Center

Other information helpful to the child care program \_\_\_\_\_

Phone \_\_\_\_\_

**Signature of Health Source** \_\_\_\_\_

Address \_\_\_\_\_

**Date** \_\_\_\_\_



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## SECURITY CARDS

For the safety of our families we have a secured facility. Each parent/guardian is requested to have a security card for entrance into Northfield Montessori. There will be a \$10 fee per key card or \$20 fee per key fob that will be charged to your account. Please notify a director immediately if your card is lost or stolen. If you need a replacement card for ANY reason, another fee will be charged to your account. Please fill out the form below to receive your card(s).

NAME \_\_\_\_\_

- Key Card
- Key Fob

NAME \_\_\_\_\_

- Key Card
- Key Fob



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## FAMILY HANDBOOK

Please take a moment to review our **digital Family Handbook**, found on the “Resources” page on our website: [www.northfieldmontessori.org/resources](http://www.northfieldmontessori.org/resources)

The most recent version will be maintained here, and any updates will be communicated to our families.

This serves to notify Northfield Montessori that I have read and understand the information presented in the Family Handbook. Northfield Montessori reserves the right to modify or update the Family Handbook at anytime.

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

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## CONSENT FOR RELEASE OF HEALTH INFORMATION IN ACCORDANCE WITH 9503.0125

The information contained in the child’s record is collected to assist the license holder in providing appropriate care for the child. It is available to the child, the child’s parent or guardian, the child’s legal representative, employees of the license holder, and the Commissioner of the Minnesota Department of Human Services.

With release, I permit the health consultant of the license holder to review health and medical information contained in the child’s record in order to identify specific health/medical needs of the child and to recommend program plans to assist the license holder to meet these medical/health needs.

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



## OVER THE COUNTER MEDICATIONS

Child Name: \_\_\_\_\_

The following products may be brought by the parent and used when necessary:

diaper rash ointment - please specify brand \_\_\_\_\_

baby wipes - please specify brand \_\_\_\_\_

teething pain relief - please specify brand \_\_\_\_\_

lotion - please specify brand \_\_\_\_\_

fever and pain relief - please specify brand \_\_\_\_\_

sunscreen/bug spray - please specify brand \_\_\_\_\_

petroleum jelly – (please circle) YES or NO

other(s) - please specify \_\_\_\_\_

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## ALLERGIES/RESTRICTIONS

It is important to the safety of all children at Northfield Montessori that we have an accurate allergy/restriction list for each child enrolled. If your child has any food, medication, or substance allergy or restriction, please indicate below. We are required to post all allergies/restrictions in a visible location in each classroom and in the kitchen, so please be specific. Some examples may be: organic food from home only, soy milk only, no meat products, no peanut products, amoxicillin, metals, pets, etc. If you have any questions, please feel free to see either the Director or the Assistant Director. Thank you for your help in this matter.

Allergies/Restrictions:

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

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



## PHOTOGRAPHS

From time to time we find occasions to use photographs of the children and would like your permission to do so. The photos will be used for class projects and may include only their first name. They will not be used on our website or on the internet without the additional consent below.

- Yes, Northfield Montessori has my permission to use photographs of my child for class projects.
- No, Northfield Montessori does not have my permission to use photographs of my child for class projects.

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## SOCIAL MEDIA

So many fun and exciting things happen at Northfield Montessori every day! We want to be able to share these experiences with you and the community. We are thankful that today's technology allows us the avenues to share – via our website, [www.northfieldmontessori.org](http://www.northfieldmontessori.org), and Northfield Montessori's facebook page. We would love to receive your permission to include your child in photos of the activities, presentations, field trips, etc. that we will be sharing. Please know that the safety of all children in our care is a priority and we will never use names or references to specific children in the postings nor will we tag or identify specific parents or families unless asked to do so by the family.

If you haven't already – like us on facebook: [www.facebook.com/northfieldmontessori](http://www.facebook.com/northfieldmontessori)

- Yes, Northfield Montessori has permission to use photos of my child on [www.northfieldmontessori.org](http://www.northfieldmontessori.org) and/or on the Northfield Montessori facebook page.
- No, do not use photos of my child on the website or facebook page.

Child Name: \_\_\_\_\_

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





### EMAIL CONTACT REQUEST

We would like to do most of our communication through email to help reduce the waste of paper. All invoices are received via email. You may have your invoice sent to two email addresses. When you receive your invoice by email you may choose to pay by credit card for a 3.2% convenience fee. Northfield Montessori accepts Visa and MasterCard. You are NOT required to pay online.

Please be sure to PRINT clearly. Thank you!

Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

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

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### TEXT MESSAGING OPT-IN

From time to time we send out information or reminders via text message. If you would like to opt-in to receive these texts, please provide your mobile phone number and carrier. Standard message & data rates may apply.

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

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

Mobile number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Carrier: \_\_\_\_\_

Carrier: \_\_\_\_\_

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### NAP

Preschoolers who are enrolled in a full day at Northfield Montessori are offered the optional opportunity to nap both in the morning and in the afternoon. **The decision that is made about napping will need to be consistent until the end of the school year.** We do not wake up sleeping children early from their rest time. All toddlers are required to rest daily.

Please sign – even if your child is half day only.

Child Name: \_\_\_\_\_

- will nap daily
- should nap only on occasional basis, as the parent or teacher believes necessary
- will not nap

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



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## COMPLIANCE

Child Name: \_\_\_\_\_

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

Ethnicity of Household:

- Hispanic or Latino
- Not Hispanic or Latino

Race of Household:

- American Indian
- Asian
- Black or African American
- White
- Other Race
- Two or More Races

The above information is requested by the Federal Government in order to monitor compliance with federal laws prohibiting discrimination against applicants seeking participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose to not furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Northfield Montessori is an Equal Opportunity Provider. Discrimination is prohibited by Federal Law. Complaints of discrimination should be sent to:

USDA  
Director  
Office of Civil Rights  
Washington, DC 20250-9410



## PARENT – TEACHER TEAM (PTT)

Northfield Montessori has a Parent-Teacher Team whose goal is to strengthen students, families and staff.

This team is open to all members of our Northfield Montessori community and will allow those interested the opportunity to learn more about our school with the flexibility to be as involved as you are able.

We will be represented on our board and will work to provide opportunities for parents to give their time and talents to the school when they are able. We all have skills to share, and Northfield Montessori is looking for those parents willing to share them. If you are interested in being part of our Parent-Teacher Team, please return this lower portion to the front desk or email Jeff with the information. We are eager to hear from you!

Your Name: \_\_\_\_\_

NM Student Name(s) : \_\_\_\_\_

Helping Area(s) of Interest: \_\_\_\_\_

Other Special Skills/Ideas: \_\_\_\_\_

Email: \_\_\_\_\_

### Common Areas of Interest:

- building and grounds (plumbing, electrical, landscaping, carpentry, etc)
- community outreach/relations
- fundraising events
- medical/health areas

### Class and Teacher Support

- cutting
- laminating
- copying
- in-class volunteering
- monthly teacher treats
- classroom work to complete at home

**Board of Directors** – Elections in May with two-year term starting in August



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## SCRIP PROGRAM

When families use prepaid gift cards to pay for everyday purchases (gasoline, groceries, clothing, toys, gifts), a percentage is given to Northfield Montessori through the Great Lakes Scrip Program (GLSC).

### How does it generate revenue?

Because the Scrip is prepaid, participating retailers offer substantial discounts. NM buys the scrip from GLSC at a discount, and re-sells the certificates to families like yours for face value. The discount (between 2-15% - sometimes greater) is the organization's revenue.

### What is the incentive?

Families help produce revenue by making regular household purchases that they would make anyway. As an added incentive, NM will pass 50% of revenue generated by your purchase back to you in the form of tuition credit.

Example: You purchase \$100 card from Kwik Trip. NM receives 9% back (\$9). You will then see a \$4.50 credit on your tuition invoice.

### How to sign up

Provide Jeanie with your NAME, EMAIL ADDRESS, and YEAR OF BIRTH. You can make a note in person, send an email ([frontdesk@northfieldmontessori.org](mailto:frontdesk@northfieldmontessori.org)), or submit the interactive form via our website, [northfieldmontessori.org/scrip](http://northfieldmontessori.org/scrip).

Jeanie will place your first order. You will receive a welcome email from GLSC. After logging in for the first time, you may update your password. You are then able to place your own future orders.

### Orders

All orders are kept in queue until they are approved on the 1st and 15th of every month. Gift cards are ready for pick-up at NM in approximately one week.

For more information, please contact Jeanie.

507-663-1279

[frontdesk@northfieldmontessori.org](mailto:frontdesk@northfieldmontessori.org)

**THANK YOU**

**ATTACH VOIDED CHECK TO THIS FORM**

We are pleased to be able to offer you a convenient service – the Direct Payment Plan. Now you can have your payment made automatically from your checking or savings account. You won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- It saves time – fewer checks to write
- It helps meet your commitment in a convenient and timely manner – even if you're on vacation or out of town
- No lost or misplaced statements; your payment is always on time
- It is easy to sign up for and easy to cancel

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments from your checking or savings account, then just sit back and relax. Your payments will be made automatically on the specified day. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify via your statement. To take advantage of this service, complete the form below.

**AUTHORIZATION FOR DIRECT PAYMENT**

I authorize **Northfield Montessori** to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment on any entry by notifying my financial institution 3 days before my account is charged.

NAME OF FINANCIAL INSTITUTION \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME – PLEASE PRINT \_\_\_\_\_

ADDRESS -- PLEASE PRINT \_\_\_\_\_

CHECKING     SAVINGS    \_\_\_\_\_

ACCOUNT NUMBER

FINANCIAL INSTITUTION ROUTING NUMBER \_\_\_\_\_

(BETWEEN THESE SYMBOLS a a ON THE BOTTOM LEFT OF YOUR CHECK)

- Please choose one:
- WITHDRAW FULL AMOUNT ON THE 1<sup>st</sup>
  - WITHDRAW HALF ON THE 1<sup>st</sup> AND HALF ON THE 15<sup>th</sup>

**RETAIN FOR YOUR RECORDS**

On \_\_\_\_\_ I authorized **Northfield Montessori** to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time through written notification.

Initial payment amount: \_\_\_\_\_

Regular payment amount: \_\_\_\_\_

If payment amount changes we will notify you at least 10 days before the regularly scheduled payment date.



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