

Heartworks Montana Yearly Enrollment Contract

**The following contract is between:**

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

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

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**And**

**Jennifer Lonsdale ~ Heartworks Montana LLC.**

**426 North 9th Ave.**

**Bozeman, MT 59715**

**406 209 8018**

**For the care of:**

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Rates and Payments Policies:**

1. A one time non-refundable $50.00 application fee due upon your child’s acceptance into the program.
2. A yearly supply fee of $150.00 is due with first month’s tuition, and every September thereafter.
3. Heartworks Montana is based on a nine-month school scheduleand follows the Bozeman Public School systems calendar unless otherwise stated.  Monthly tuition reflects all closure dates and is not based on attendance, therefor parents are responsible for fees whether child attends or not. All Payments are due on the 1st of each month, with a $25.00 late fee being accrued after the 5th.

**My Child’s enrollment schedule:**

( )Mon ( )8:30-12:15 ( )8:30-3:30

( )Tue ( )8:30-12:15 ( )8:30-3:30

( )Wed ( )8:30-12:15 ( )8:30-3:30

( )Thur ( )8:30-12:15 ( )8:30-3:30

( )Fri ( )8:30-12:15 ( )8:30-3:30

Monthly tuition will be $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per month.

Enrollment to start\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_

Month Day year

**Admissions requirements**:

All of the following forms listed below must be submitted by your child’s first day of school. No child will be admitted without current immunization records.

1. A meeting with me, you and your child
2. Completed and signed parent-provider contract
3. A $50 (non-refundable) one time application fee
4. State of Montana certificate of immunization
5. A Pediatric Health Statement ***\*NEEDS TO BE COMPLETED BY PHYSICIAN***
6. An emergency Contact and Parental Consent form
7. Infant feeding schedule (Children 0-24 months only)
8. A $150 annual supply fee and first months tuition

**Student Withdrawal**:

Parents agree that a minimum notice of one full month (notice to given on the first of any given month) will be given for permanent withdrawal of any child. If a 30 day notice is not received by the first of the last month of attendance Parents will be billed for the final month. No exceptions will be made nor will deposit payments count toward any last month attendance.

Heartworks Montana also reserves the right to give parents one month’s notice of child’s termination from the program.

**Signatures:**

Signature of Parent/Guardian 1­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Parent/Guardian 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Office Use only**:

Application Fee Paid: \_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_

Yearly Supply Fee paid\_\_\_\_\_\_\_\_­­­­­ Date Received\_\_\_\_\_\_\_\_\_\_\_­­\_ Check #\_\_\_\_\_\_\_\_\_

First Months Tuition Paid\_\_\_\_\_\_\_ Date received\_\_\_\_\_\_\_\_\_\_\_\_\_ Check#\_\_\_\_\_\_\_\_\_\_