Date of application:­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 

 Heartworks Montana Waitlist Application:

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

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

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

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

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

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

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

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

**Child’s information:**

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

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

**Desired enrollment schedule: (\*please note if schedule is flexible)**

 ( )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

Desired enrollment start date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_

 Month Day year

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

**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. State of Montana certificate of immunization
4. A Pediatric Health Statement ***\*NEEDS TO BE COMPLETED BY PHYSICIAN***
5. An emergency Contact and Parental Consent form
6. Infant feeding schedule (Children 0-24 months only)

**Student Withdrawal**:

If the child is enrolled in care for days that the employee/parent is not working, parents agree that a minimum notice of one full month (notice to be 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.