



## Academy Application for Admission

804 7<sup>th</sup> Ave South Princeton, MN 55371

Phone: 763-631-0202

Website: [DiscoveryMontessoriAcademyMN.com](http://DiscoveryMontessoriAcademyMN.com)

E-mail: [dmselkriver@msn.com](mailto:dmselkriver@msn.com)

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Child's Full Name: First-Middle-Last

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Home Address City State, Zip Code

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Date of Birth Male/Female Grade Level to Enter

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Present School Attending Desired Start Date

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APPLICATION FOR (CHECK ONE): Children's House Half Day M-F (Preschool/Kindergarten)\_\_\_\_  
Children's House 3 Day TWH (Preschool\_\_\_\_)  
Children's House Full Day M-F (Preschool/Kindergarten)\_\_\_\_  
Elementary Classroom Gr1\_\_Gr2\_\_Gr3\_\_Gr4\_\_Gr5\_\_

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Parent/Guardian Full Name Parent/Guardian Full Name

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Home Address-if different from student Home Address-if different from student

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City State Zip Code City State Zip Code

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Home Number Cell Number Home Number Cell Number

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Work Phone: Work Phone:

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E-mail Address E-mail Address

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Who is legally responsible for this child's education? To whom should billing be sent if other than above?

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Full Name Phone Address City State, Zip Code

Does your child have any special medical needs or conditions? If so explain in detail.

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Reason for applying to Discovery Montessori:

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### Arrival and Departures

Each Child will have a designated arrival and departure time. Prompt arrival and departure is crucial to the flow of the Montessori environment. Registering your child for a specific time is your commitment to assuring arrival/departure promptness. The following time slots are available for you to choose from. Space for extended care is limited. The crossed off time slots are full. Please choose a time that is open. Thank you.

Arrival time of:  
(Choose one)

- ☐ 7:00 a.m.
- ☐ 7:10 a.m.
- ☐ 7:30 a.m.
- ☐ 7:45 a.m.
- ☐ 8:00 a.m.
- ☐ 8:15 a.m.
- ☐ 8:30 a.m.
- ☐ 8:50 a.m.

Departure time of:  
(Choose one)

- ☐ 11:30 a.m. (part-time only)
- ☐ 2:30 p.m.
- ☐ 3:00 p.m.
- ☐ 3:30 p.m.
- ☐ 4:00 p.m.
- ☐ 4:15 p.m.
- ☐ 4:30 p.m.
- ☐ 4:45 p.m.
- ☐ 5:00 p.m.
- ☐ 5:10 p.m.
- ☐ 5:20 p.m.
- ☐ 5:30 p.m.
- ☐ 5:45 p.m.

I understand the importance of arrival and departure promptness and will follow the times I have chosen for my child to arrive and depart from school. If I am unable to pick up my child at my departure time for a special occasion I will notify the teacher **prior** to the date, otherwise, I understand that I will be charged \$20.00 for every fifteen minutes late after my chosen departure time.

**X** \_\_\_\_\_  
Parent/ Guardian Signature

**X** \_\_\_\_\_  
Parent/ Guardian Signature

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### APPLICATION PROCEDURE

Please submit the Application, registration fee, and deposit to Discovery Montessori Academy. The Director will contact you regarding acceptance. Mail to:

Discovery Montessori Academy  
804 7<sup>th</sup> Ave South  
Princeton, MN 55371

**Preschool-Kindergarten registration fee: \$40.00**  
**(Annual fee & non-refundable)**

**Due** \_\_\_\_\_ **Paid** \_\_\_\_\_ **Date** \_\_\_\_\_

**Elementary Registration Fee: \$100.00**  
**(Annual fee & non-refundable)**

**Due** \_\_\_\_\_ **Paid** \_\_\_\_\_ **Date** \_\_\_\_\_

**All Students - Deposit (one week, non-refundable):**

**Due** \_\_\_\_\_ **Paid** \_\_\_\_\_ **Date** \_\_\_\_\_

Discovery Montessori admits students of any race, color, national or ethnic origin to all rights, privileges, programs, and activities accorded or made available to students at the school. It does not discriminate on the basis of race color, sex, national and ethnic origin in administration of its educational policies and admission policies. Discovery Montessori considers the records of all individual students to be confidential information available to a child's parents or guardians upon request.

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

**Date of enrollment** \_\_\_\_\_ **First Day of Class** \_\_\_\_\_

**Teachers** \_\_\_\_\_

**Date of withdrawal** \_\_\_\_\_ **years with DMS:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **Forwarding Address:** \_\_\_\_\_



## ***Preschool-Kindergarten Weekly Tuition Payment Contract***

Name of Student:\_\_\_\_\_

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

Welcome! Discovery Montessori Academy operates primarily on the tuition fees from each family. Please read over this contract carefully so the policies stated are completely understood. We want you to be happy with the school you have selected and we want to prevent misunderstandings.

**Registration Fee:** I agree to pay a \$40.00 non-refundable registration fee, due with the Enrollment Forms. This fee is not deductible from the tuition fees.

**Tuition Payments:** I agree to pay tuition of \$\_\_\_\_\_ per week per child. I understand that payment of \$\_\_\_\_\_ is due by the first school day (Monday for fulltime, Tuesday for part-time) morning for the following week's service. I may pay in advance if I choose. Checks must be made payable to Discovery Montessori Academy. Checks may be mailed to the administrative address above or may be put in the locked tuition payment box.

**Late Payment Charge:** I understand that tuition that is late will incur a fee of \$5.00 per day. It is crucial that my payment is received on time. Past due tuition may affect my child's enrollment status. My child will not be able to continue the next school session nor will records be transferred. Past due tuition will incur a 10% increase for each month late.

**Withdrawal Policy:** I will notify Discovery Montessori Academy with a written notice one month in advance of withdrawal from the program. I am held responsible for tuition for one full month after notice is received to allow the school time to fill vacancy. Failure to comply will result in legal expense including a potential counter claim expense.

**Absence:** If my child is absent (for example: illness or vacation) I understand I will still be required to pay the fee for the day(s). I understand my child's place in the program is still reserved whether he/she is there or not. I understand that tuition is due even when the school is closed for the holiday breaks.

**Late Pickups:** I agree that if I am more than 10 minutes late to pick up my child I will pay a fee of \$20.00 for every 15 minutes I am late. This will be paid immediately to staff on site.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Discovery Montessori Academy Authorized Signature

\_\_\_\_\_  
Date



804 7<sup>th</sup> Ave South Princeton, MN 55371

## ***Preschool-Kindergarten Monthly Tuition Payment Contract***

Name of Student: \_\_\_\_\_

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

Welcome! Discovery Montessori Academy operates primarily on the tuition fees from each family. Please read over this contract carefully so the policies stated are completely understood. We want you to be happy with the school you have selected and we want to prevent misunderstandings.

**Registration Fee:** I agree to pay a \$40.00 non-refundable registration fee, due with the Enrollment Forms. This fee is not deductible from the tuition fees.

**Tuition Payments:** I agree to pay tuition of \$\_\_\_\_\_ per month per child. I understand that payment of \$\_\_\_\_\_ is due by the first school day of the month. I may pay in advance if I choose. Checks must be made payable to Discovery Montessori Academy. Checks may be mailed to the administrative address above or may be put in the locked tuition payment box.

**Late Payment Charge:** I understand that tuition that is late will incur a fee of \$5.00 per day. It is crucial that my payment is received on time. Past due tuition may affect my child's enrollment status. My child will not be able to continue the next school session nor will records be transferred. Past due tuition will incur a 10% increase for each month late.

**Withdrawal Policy:** I will notify Discovery Montessori Academy with a written notice one month in advance of withdrawal from the program. I am held responsible for tuition for one full month after notice is received to allow the school time to fill vacancy. Failure to comply will result in legal expense including a potential counter claim expense.

**Absence:** If my child is absent (for example: illness or vacation) I understand I will still be required to pay the fee for the day(s). I understand my child's place in the program is still reserved whether he/she is there or not. I understand that tuition is due even when the school is closed for the holiday breaks.

**Late Pickups:** I agree that if I am more than 10 minutes late to pick up my child I will pay a fee of \$20.00 for every 15 minutes I am late. This will be paid immediately to staff on site.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Discovery Montessori Academy Authorized Signature

\_\_\_\_\_  
Date



804 7<sup>th</sup> Ave South Princeton, MN 55371

## *Elementary Tuition Payment Contract*

Name of Student: \_\_\_\_\_

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

Welcome! Discovery Montessori Academy operates primarily on the tuition fees from each family. Please read over this contract carefully so the policies stated are completely understood. We want you to be happy with the school you have selected and we want to prevent misunderstandings.

**Registration Fee:** I agree to pay a \$100.00 non-refundable registration fee, due with the Enrollment Forms. This fee is not deductible from the tuition fees.

**Tuition Payments:** I agree to pay tuition of \$\_\_\_\_\_ per month per child. I understand that payment of \$\_\_\_\_\_ is due by the first school day of the month. I may pay in advance if I choose. Checks must be made payable to Discovery Montessori Academy. Checks may be mailed to the administrative address above or may be put in the locked tuition payment box.

**Late Payment Charge:** I understand that tuition that is late will incur a fee of \$5.00 per day. It is crucial that my payment is received on time. Past due tuition may affect my child's enrollment status. My child will not be able to continue the next school session nor will records be transferred. Past due tuition will incur a 10% increase for each month late.

**Withdrawal Policy:** I will notify Discovery Montessori Academy with a written notice one month in advance of withdrawal from the program. I am held responsible for tuition for one full month after notice is received to allow the school time to fill vacancy. Failure to comply will result in legal expense including a potential counter claim expense.

**Absence:** If my child is absent (for example: illness or vacation) I understand I will still be required to pay the fee for the day(s). I understand my child's place in the program is still reserved whether he/she is there or not. I understand that tuition is due even when the school is closed for the holiday breaks.

**Late Pickups:** I agree that if I am more than 10 minutes late to pick up my child I will pay a fee of \$20.00 for every 15 minutes I am late. This will be paid immediately to staff on site.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Discovery Montessori Academy Authorized Signature

\_\_\_\_\_  
Date



## *Parental Consent Statements*

For each statement, INITIAL the line next to the statement if you give consent. If you do not give consent, circle “No” and provide comment. DMA is Discovery Montessori Academy.

\_\_\_\_ I give DMA staff member permission to give basic first aid to my child.

No. Comment: \_\_\_\_\_

\_\_\_\_ I give permission for the DMA staff to act in an emergency situation when I am unable to be reached or when medically necessary.

No. Comment: \_\_\_\_\_

\_\_\_\_ I give DMA and all its staff/volunteers permission to transport my child during a school bus or walking field trip. I understand I will be notified in advanced on each individual field trip and transportation agreements.

No. Comment: \_\_\_\_\_

\_\_\_\_ I give DMA staff permission to photograph/video tape my child (during normal activities of the day, during special events and on field trips) for display purposes in classroom and for the school year book.

No. Comment: \_\_\_\_\_

\_\_\_\_ Photo/Video Release for public for educational purposes:

DMA has my permission to use my child’s photograph publically to promote the school. I understand that the images may be used on the school’s website and on the school’s Facebook to help other families learn and/or share about their experience at DMA. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

No. Comment: \_\_\_\_\_

Parent/Guardian’s signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_

Child’s Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_



## ***Trial Period & Family Handbook Agreement***

Student Name: \_\_\_\_\_ First Day of School \_\_\_\_\_

### **Trial Period**

The Montessori Method is a unique approach used when educating a child. It is so unique that we like to start the child on a 30- day trial period to see how the environment meets the child's needs. We split the 30-day period into week by week segments. During the first week there will be notes or conferencing about the transition from the teacher. The teacher will use his/her best discretion to determine if the environment is working. If he/she feels confident she may ask your child to continue for the next week and son on. Further enrollment may be discussed when the teacher feels it is appropriate.

I (parent/guardian) understand the importance of the trial period. I understand that this environment may or may not work for my child and that if the teacher feels that this fit is not right for my child Discovery Montessori Academy has no obligation to enroll my child into the program.

### **Family Handbook**

I have read all the policies contained in the Family Handbook (found online at [DiscoveryMontessoriAcademyMN.com](http://DiscoveryMontessoriAcademyMN.com)) and agree to follow them to the best of my abilities. I also understand failure to follow the school's policies may result in termination of my child's enrollment at Discovery Montessori Academy.

I have read both the Trial period policy and the Family Handbook policy and agree to the statements above.

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

\_\_\_\_\_  
Date

## EMERGENCY INFORMATION

**Child's Name:** \_\_\_\_\_ **Gender (M or F):** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
**Grade:** \_\_\_\_\_ **Today's Date** \_\_\_\_\_  
**Home Address** \_\_\_\_\_

### PARENT(S) AND/OR LEGAL GUARDIAN:

**Name:** \_\_\_\_\_ **Place of Employment:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Place of Employment** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Ext.** \_\_\_\_\_

### MEDICAL MATTERS/EMERGENCY MEDICAL TREATMENT:

I hereby warrant that, to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. In the event of an emergency, I hereby give my permission for the school staff to initiate emergency treatment and to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital doctor. In the event of a medical emergency, if you are unable to reach me at the above phone numbers, I give the following listed people my permission to transport my child and make medical decisions in my absence.

**Name/Relationship:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Name/Relationship:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Name/Relationship:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ **Clinic:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Family Dentist:** \_\_\_\_\_ **Clinic:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Family Health Plan Carrier:** \_\_\_\_\_  
**Policy #:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Does your child have any allergies to drugs or foods? \_\_\_\_\_

Does your child take any special medication? \_\_\_\_\_

Are there any health concerns/conditions (ex. Asthma, diabetes, vision)? \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
.....

### PLEASE COMPLETE THE FOLLOWING INFORMATION IF YOU CHILD ATTENDS DAYCARE:

**Daycare**  
**Provider:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_



# 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

<u>Important Health Problems</u>	<u>Followed By You</u>	<u>Followed By Other Med Source (Name)</u>	<u>Requires Special Attention at Center</u>
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_____	_____	_____	_____
_____	_____	_____	_____

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

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

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

Address \_\_\_\_\_

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

**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 this 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 the program plans to assist the license holder to meet these health/medical needs.

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

\_\_\_\_\_  
Date

Child's Full Name \_\_\_\_\_

**Authorized Pick-ups**

I authorize the following people to pick up my child from school when I am unable to do so. I understand that the following people will present a **picture identification card** to verify authorization. I understand that if the proper identification is not shown, my child will remain in care of the staff at school until proper identification is verified. I will notify the school ahead of time of special pick-ups if the situation allows me to do so.

**Name** (first and last): \_\_\_\_\_

Relationship to family: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Name** (first and last): \_\_\_\_\_

Relationship to family: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Name** (first and last): \_\_\_\_\_

Relationship to family: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Name** (first and last): \_\_\_\_\_

Relationship to family: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

\_\_\_\_\_  
Date

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

# Immunization Form

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Immunizations required for child care, early childhood programs, and school.

	Birth to 6 months			12 -24 months			At Kindergarten			At 7th grade			At 12th grade		
<b>Vaccine</b>															
Hepatitis B															
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)															
<i>Haemophilus influenzae</i> type b (Hib)															
Pneumococcal (PCV)															
Polio															
Measles, Mumps, Rubella (MMR)															
Chickenpox (varicella)															
Hepatitis A															
Tetanus, Diphtheria, Pertussis (Tdap)															
Meningococcal (MCV4)															

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

## Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
  - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
  - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
  - Document medical and/or non-medical exemptions in section 1.
  - Verify history of chickenpox (varicella) disease in section 2.
  - Provide consent to share immunization information (optional) in section 3.



**Instructions:** Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name \_\_\_\_\_

**1. Document a medical and/or non-medical exemption (A and/or B).**

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

**A. Medical exemption:** By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*)

**2. History of chickenpox (varicella) disease.** This child had chickenpox in the month and year \_\_\_\_\_

My signature below means that I confirm that this child does not need chickenpox vaccine because:

- ☐ I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
- ☐ I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

\*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

**B. Non-medical exemption:** A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent or guardian in presence of notary)

**Non-medical exemptions must also be signed and stamped by a notary:**

This document was acknowledged before me  
on \_\_\_\_\_ (date)  
by \_\_\_\_\_ (name of parent or guardian)

Notary Stamp

Notary Signature: \_\_\_\_\_  
STATE OF MINNESOTA, COUNTY OF \_\_\_\_\_

- 3. Consent to share immunization information:** This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:
- Provide easier access for you and your school to check immunization records, such as at school entry each year.
  - Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.
- Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.
- I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent/guardian)

## MASK PREFERENCE FORM

**This form only needs to be completed if you have mask wearing preference. If you do not fill out this form, your child will not be asked to wear a mask.**

Because of the uniqueness of our blended childcare program, our state licensor has deemed that our program is exempt from the current mask laws declared by Gov. Walz July 25, 2020. This allows each parent to mask their child at their own discretion. **At this point as a childcare center/distance learning proctor we do not require the children to wear masks.**

In addition, this also means that our staff members and teachers are not required to wear masks or face shield at this point when teaching in their classrooms. They may choose to wear masks or face shields at their own discretion. We do have select times when staff are required to wear masks throughout the day.

**If you would like to have your child wear a mask, please provide a new one (clean one) daily.**

I would like my child \_\_\_\_\_ (child's full name) to wear a mask during their attendance at Discovery Montessori Academy. I will provide a clean mask daily for my child. I understand that my child will NOT wear one during the follow times:

- Exercise or large movement times
- During outside time
- During snack/lunch time or beverage drinking time
- While they sleep

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Parents or Guardians full name and signature

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Date

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*For future use only:*

I wish to expel my face mask request starting on this date: \_\_\_\_\_.

---

Parents or Guardians full name and signature

---

Date



The Family Handbook and the **New Family Handbook Policies/COVID-19 Plan Updates** are now posted online and available per request. Please read over the policies carefully and address any questions or concerns to the Director of Education.

I have read all the policies contained in the Family Handbook and in the New Family Handbook Policies/COVID-19 Plan Update (found online at [DiscoveryMontessoriAcademyMN.com](http://DiscoveryMontessoriAcademyMN.com)) and agree to follow them to the best of my abilities. I also understand failure to follow the school's policies may result in termination of my child's enrollment at Discovery Montessori Academy.

I understand that my child may not attend school at Discovery Montessori Academy until I agree to the policy terms.

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

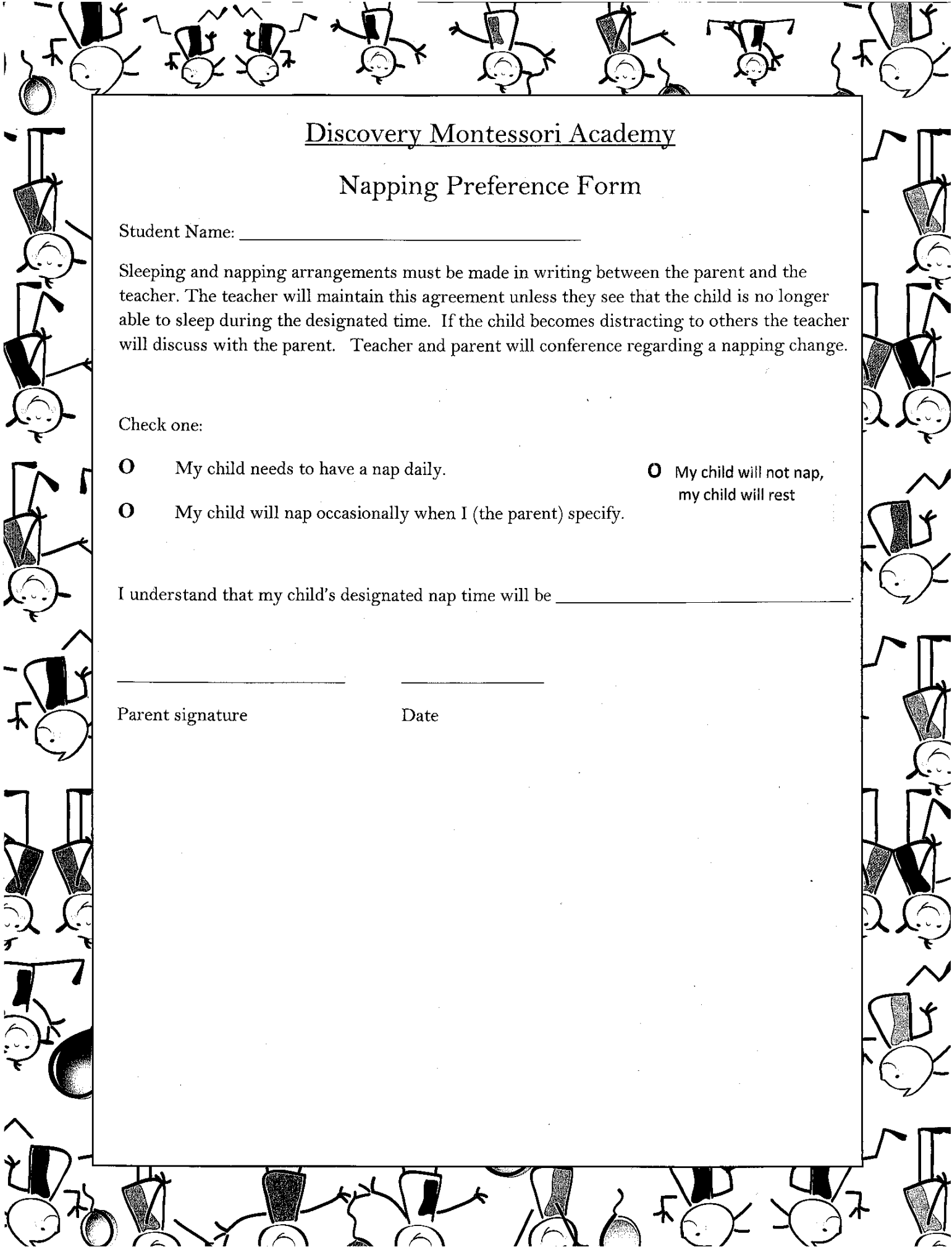
\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name Print and Signature

\_\_\_\_\_

Date



## Discovery Montessori Academy

### Napping Preference Form

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

Sleeping and napping arrangements must be made in writing between the parent and the teacher. The teacher will maintain this agreement unless they see that the child is no longer able to sleep during the designated time. If the child becomes distracting to others the teacher will discuss with the parent. Teacher and parent will conference regarding a napping change.

Check one:

- ☐ My child needs to have a nap daily.
- ☐ My child will nap occasionally when I (the parent) specify.
- ☐ My child will not nap, my child will rest

I understand that my child's designated nap time will be \_\_\_\_\_

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date