

Arcadia Montessori School
New Student Forms
2019-2020

ARCADIA MONTESSORI SCHOOL

IDENTIFICATION AND EMERGENCY INFORMATION

CHILD'S NAME _____ AGE _____ BIRTHDATE _____ SEX _____

HOME ADDRESS _____ PHONE _____

PLACE OF BIRTH _____ BOTH PARENTS LIVING AT THIS ADDRESS? _____

PARENT NAME _____ OCCUPATION _____

COMPANY NAME _____ PHONE _____ CELL _____

PARENT NAME _____ OCCUPATION _____

COMPANY NAME _____ PHONE _____ CELL _____

❖ ❖ ❖ ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY ❖ ❖ ❖

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

❖ ❖ ❖ PHYSICIAN TO BE CALLED IN AN EMERGENCY ❖ ❖ ❖

NAME _____ PHONE _____

ADDRESS _____

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

- Emergency hospital physician
 Other _____

❖ ❖ ❖ NAMES OF OTHER PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY ❖ ❖ ❖

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

❖ ❖ ❖ SPECIAL INSTRUCTIONS ❖ ❖ ❖

1. _____ 2. _____

USUAL TIME CHILD WILL BE PICKED UP _____ DOES CHILD NEED A NAP? _____

SIGNATURE OF PARENT _____ DATE _____

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME _____ SEX _____ BIRTH DATE _____

FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME _____ DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? _____

MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME _____ DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? _____

IS HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN? _____ DATE OF LAST PHYSICAL/MEDICAL EXAMINATION _____

DEVELOPMENTAL HISTORY (For infants and preschool-age children only)

WALKED AT* _____ MONTHS _____ BEGAN TALKING AT* _____ MONTHS _____ TOILET TRAINING STARTED AT* _____ MONTHS _____

PAST ILLNESSES -- Check illnesses that child has had and specify approximate dates of illnesses:

DATES		DATES		DATES	
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS _____

DOES CHILD HAVE FREQUENT COLDS? YES NO HOW MANY IN LAST YEAR? _____ LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF _____

DAILY ROUTINES (For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP? _____ WHAT TIME DOES CHILD GO TO BED? _____ DOES CHILD SLEEP WELL? _____

DOES CHILD SLEEP DURING THE DAY? _____ WHEN? _____ HOW LONG? _____

DIET PATTERN: (What does child usually eat for these meals?)

BREAKFAST	WHAT ARE USUAL EATING HOURS?
LUNCH	BREAKFAST _____
DINNER	LUNCH _____
	DINNER _____

ANY FOOD DISLIKES? _____ ANY EATING PROBLEMS? _____

IS CHILD TOILET TRAINED? YES NO IF YES, AT WHAT STAGE? _____ ARE BOWEL MOVEMENTS REGULAR? YES NO WHAT IS USUAL TIME? _____

WORD USED FOR "BOWEL MOVEMENT"? _____ WORD USED FOR URINATION? _____

PARENT'S EVALUATION OF CHILD'S HEALTH _____

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? YES NO IF YES, NAME OF DOCTOR: _____ DOES CHILD TAKE PRESCRIBED MEDICATION(S)? YES NO IF YES, WHAT KIND AND ANY SIDE EFFECTS: _____

DOES CHILD USE ANY SPECIAL DEVICE(S)? YES NO IF YES, WHAT KIND: _____ DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? YES NO IF YES, WHAT KIND: _____

PARENT'S EVALUATION OF CHILD'S PERSONALITY _____

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN? _____

HAS THE CHILD HAD GROUP PLAY EXPERIENCES? _____

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.) _____

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL? _____

REASON FOR REQUESTING DAY CARE PLACEMENT _____

PARENT'S SIGNATURE _____ DATE _____

PERSONAL RIGHTS**Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME Department of Social Services		
ADDRESS 1000 Corporate Center Dr., Suite 200B		
CITY Monterey Park	ZIP CODE 91754	AREA CODE/TELEPHONE NUMBER 323-981-3350

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY) Arcadia Montessori School	(PRINT THE ADDRESS OF THE FACILITY) 1406 S. Santa Anita Ave., Arcadia, CA 91006
(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)
(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	

**PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)**

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)
_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)
a.m./p.m. to _____ a.m./p.m., _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____

Allergies, medicine: _____

Vision: _____

Insect stings: _____

Developmental: _____

Food: _____

Language/speech: _____

Asthma: _____

Dental: _____

Other (include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-296.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTap/ DT/d (DIPHTHERIA, TETANUS AND (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
MMR (REQUIRED FOR CHILD CARE ONLY) (MEASLES, MUMPS, AND RUBELLA B)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
- _____ Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

Physician Physician's Assistant Nurse Practitioner

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Department of Social Services

Licensing Office Address: 1000 Corporate Center Dr., Suite 200B, Monterey Park, CA 91754

Licensing Office Telephone #: 323-981-3350

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 885 (1/04)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

Arcadia Montessori School

Driveway Safety Policy

It is for the safety of our children and others that we have implemented the following safety policy. Please sign below that you have read, understand and will abide to this policy.

- **The driveway is expressly for dropping off and picking up children only. If you are here for any other business, please park on the street.**
- **Please use dark walk way located on the north side of driveway.**
- **The driveway is a PHONE-FREE area. You may NOT use your phone while in the driveway.**
- **Drive slowly and carefully while watching for other children/pedestrians.**
- **Pull all the way forward to allow others behind to pull in.**
- **Do not leave your car running in the driveway. It must be off before you exit.**
- **Please keep all children close to you at all times.**
- **NEVER leave children unattended in the car.**
- **NEVER leave valuables visible in your car. Make sure your car is locked.**
- **If you are in FRONT of the hedge you may get out of your car.**
- **If you are behind the hedge, please STAY in your car until the car in front of you exits. Then pull all the way forward.**
- **When you exit your car or you are walking to the school, please use the walkway on the north side of the driveway.**
- **Please DO NOT walk between cars or on the driveway.**

I have read and agree to the above policy.

X _____

Thank for your understanding and cooperation in working together to keep your children safe.

ARCADIA MONTESSORI SCHOOL

To The Parents Of _____

We would like you to review all of the snacks listed below. Due to the large number of food allergies we will only give snacks from this list for the entire school year.

If the snacks below are acceptable to serve to your child please sign below.

Thank you.

Snacks

Animal crackers
Brown Rice Crackers
Cheese-it crackers
Cheerios
Chex Mix
Club Crackers
Fresh fruit
Fruit cups
Fruit cocktail
Gold fish crackers
Graham crackers
Oyster Crackers
Popcorn
Popsicles
Pretzels
Raisins
Ritz crackers
Saltine Crackers
Wheat thins

Orange juice
Apple juice
Lemonade

Parent Signature

List Food Allergies

Methodist Hospital Consent to Treatment

We, the undersigned, parents(s) of _____, a minor, do hereby consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital service that may be rendered to said minor, by the Emergency Room Physician. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage said physician(s) to exercise his/her best judgement as to requirement of such diagnosis or treatment.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California

Father _____

Mother _____

Known allergies: _____

Known medical problems: _____

Arcadia Montessori School

Dear Parents,

In an effort to improve communication between you and the staff of Arcadia Montessori School during a time of emergency, we have implemented an Emergency Response System. In order for you to have information regarding the school's status of operation, please provide us with your e-mail address. This will enable us to send you any emergency notification affecting our school. You will also be able to obtain information simply by going to the homepage of arcadiamontessorischool.com.

Please return this form with your contact information printed in the space below.

Child's name _____

Primary e-mail _____

Alternate e-mail _____

Thank you, again, for your cooperation and understanding.

Sincerely,

Cheryl Roberts
Director

Arcadia Montessori School

Photo, Website, and Social Media Release Form

As the parent of _____ at
Arcadia Montessori School (AMS), I hereby authorize Arcadia
Montessori School to the following:

- I grant AMS permission to photograph/videotape my child whose name is listed above while involved in activities, doing work at the school, and on the playground.
- I grant AMS permission to use these photographs of my child for classroom albums, yearbooks, or wall displays.
- I grant AMS permission to use these photographs of my child in school newsletters or informational brochures.
- I grant AMS permission to use these photographs/video footage/voice recording of my child to be posted on AMS's website, Facebook, or any other publication (When names are added, only first names will be used).
- I understand that I have the right to request, in writing, to have a photo removed from the website or Facebook within 30 workdays.

Name of Parent/Guardian: (please print) _____

Signature of Parent/Guardian: _____

Date: _____

PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART

NOTE: Regulation Section 101221 requires the following information be on file.

CHILD CARE CENTER NAME: Arcadia Montessori School	LICENSE NUMBER: 198019186	DATE:
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PARENT'S INSTRUCTIONS:

1. All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.
2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and nonprescription medication shall be administered in accordance with the label directions.
4. Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

CHILD'S NAME	DATE OF BIRTH
MEDICATION NAME	DOSAGE

I authorize child care personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:

From _____ to _____ at _____ daily while in attendance.
BEGINNING DATE ENDING DATE TIME OF DAY

PARENT'S SIGNATURE:	DATE:
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MEDICATION CHART
Staff Documentation of Medicine Administration

DATE	TIME GIVEN	STAFF SIGNATURE

Upon completion, return medicine to parent or destroy, and place form in child's record.

STAFF	DATE
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ARCADIA MONTESSORI SCHOOL
(626) 447-3513
2019-2020 SCHOOL YEAR CALENDAR

1 ST SCHOOL MONTH (Sep 9-Oct 4) TUITION #1	SEP 9 16 23 30	10 *17* 24 OCT 1	11 18 25 2	12 19 26 3	13 20 27 4	20/20
2 ND SCHOOL MONTH (Oct 7-Nov 1) TUITION #2	7 14 21 28	8 15 22 29	9 16 23 30	10 17 24 31	11 18 25 NOV 1	20/40
3 RD SCHOOL MONTH (Nov 4-Nov 29) TUITION #3	4 *11 18 25	5 12 19 26	6 13 20 *27	7 14 21 *28	8 15 22 *29	17/57
4 TH SCHOOL MONTH (Dec 2-Dec 27) TUITION #4	DEC 2 9 16 *23	3 10 17 *24	4 11 18 *25	5 12 19 *26	6 13 20 *27	15/72
5 TH SCHOOL MONTH (Dec 30-Jan 24) TUITION #5	*30 6 13 *20	*31 7 14 21	JAN *1 8 15 22	*2 9 16 23	*3 10 17 24	14/86
6 TH SCHOOL MONTH (Jan 27-Feb 21) TUITION #6	27 FEB 3 *10 *17	28 4 11 18	29 5 12 19	30 6 13 20	31 7 14 21	18/104
7 TH SCHOOL MONTH (Feb 24-Mar 20) TUITION #7	24 MAR 2 9 16	25 3 10 17	26 4 11 18	27 5 12 19	28 6 13 20	20/124
8 TH SCHOOL MONTH (Mar 23-Apr 17) TUITION #8	23 30 *6 13	24 31 *7 14	25 APR 1 *8 15	26 2 *9 *16	27 3 *10 17	15/139
9 TH SCHOOL MONTH (Apr 20-May 15) TUITION #9	20 27 4 11	21 28 5 12	22 29 6 13	23 30 7 14	24 MAY 1 8 15	20/159
10 TH SCHOOL MONTH (May 18-June 12) TUITION #10	18 *25 1 8	19 26 2 9	20 27 3 10	21 28 4 11	22 29 5 12	19/178

SUMMER SCHOOL SESSION 1 - June 15, 2020 - July 24, 2020

SUMMER SCHOOL SESSION 2 - July 27, 2020 – September 4, 2020

* Back to School Night 9/17/19 * Open House 4/16/19 * Holiday - School is Closed
 Parent Conferences Forms: November 4, 2019/March 9, 2020

Arcadia Montessori School

As the parent of, _____, I
have read and understand all forms (including the Parent Handbook)
received from Arcadia Montessori School.

Parents Signature

Date

ARCADIA MONTESSORI SCHOOL

1406 S. Santa Anita Avenue

Arcadia, CA 91006

(626)447-3513

**EXTENDED DAY CARE AGREEMENT
2019-2020 SCHOOL YEAR**

For _____

I request the enrollment of my child(ren) in the Extended Day Care (EDC) program according to the schedule I have chosen below. I understand and agree that these charges are to be paid according to the enclosed schedule of charges.

SCHEDULE A

	Pick up by	Monthly charge
	3:00 pm	\$120
	4:00 pm	\$200
	5:00 pm	\$280
	6:00 pm	\$350

SCHEDULE B

Hourly rate: \$8.00 per hour or any portion of an hour

Each afternoon, fractions of an hour cost the same as a full hour

Further, I understand that the FIRST time my child is not picked up by 6:00 pm, there will be an additional charge of \$25 per quarter hour, per child. All subsequent late charges will be at the rate of \$25 per quarter hour per child. THERE IS NO GRACE PERIOD. I understand that if my child is absent for two consecutive weeks or more, the EDC amount paid in advance will be credited to my account.

All children without a signed EDC agreement will be enrolled at the rate of \$8.00 for each hour or fraction thereof.

Date _____ Parent Signature _____

ARCADIA MONTESSORI SCHOOL

EXTENDED DAY CARE BILLING and SCHEDULE OF CHARGES 2019-2020 SCHOOL YEAR

Extended Day Care - Schedule A - Reduced Flat Rate Payment Rate

Parents who choose this plan a flat rate for each month. A signed EDC Agreement Form MUST be on file to qualify.

Extended Day Care - Schedule B - Hourly Rate

Parents who choose this plan pay at the end of the school month. These children are charged at the rate of \$8.00 per hour (or fraction thereof).

Please note:

- ◆ For your convenience, EDC bills are sent out each month combined with the tuition bills (which are due on the first of each month).
- ◆ Children who are not picked up by 6:00 pm will be charged an additional \$25.00 per quarter hour (or fraction thereof), per child. THERE IS NO GRACE PERIOD AFTER 6:00 pm.
- ◆ A charge of \$25.00 per quarter hour will be charged for each additional quarter hour.
- ◆ A \$25 charge for any check returned from the bank for any reason.
- ◆ Any bill not paid by the 15th of the month will be charged a \$10.00 late fee.
- ◆ Any account with a past due balance will be charged interest at the rate of 1.5% per month.

PAYMENT DUE DATE	TUITION # DUE	EDC SCHEDULE A	EDC SCHEDULE B
September 1, 2019	Tuition #1	EDC#1	---
October 1, 2019	Tuition #2	EDC#2	EDC#1
November 1, 2019	Tuition #3	EDC#3	EDC#2
December 1, 2019	Tuition #4	EDC#4	EDC#3
January 1, 2020	Tuition #5	EDC#5	EDC#4
February 1, 2020	Tuition #6	EDC#6	EDC#5
March 1, 2020	Tuition #7	EDC#7	EDC#6
April 1, 2020	Tuition #8	EDC#8	EDC#7
May 1, 2020	Tuition #9	EDC#9	EDC#8
June 1, 2020	Tuition #10	EDC#10	EDC#9
July 1, 2020	S/S		EDC#10

ARCADIA MONTESSORI SCHOOL

1406 South Santa Anita Avenue_ Arcadia, California 91006 _(626) 447-3513

TUITION PAYMENT AGREEMENT- Primary (2-4 1/2 years old)

For _____ Starting Date _____

I/We enroll the above named child (ren) in the ARCADIA MONTESSORI SCHOOL, according to the current school policies. In consideration of enrollment, I/We agree to pay tuition according to the following terms and conditions:

ANNUAL TUITION

Proration for _____ child(ren) entering school on above date,
DAILY RATE \$51.00 _____ x _____ DAYS = _____ annual tuition

- ANNUAL PAYMENT PLAN
\$ _____ 8800.00 _____ payable on or before September 1, 2019
- SEMI-ANNUAL PAYMENT PLAN
\$ _____ 4490.00 _____ payable on or before September 1, 2019 and
\$ _____ 4490.00 _____ payable on or before January 1, 2020
- MINIMUM PAYMENT PLAN
Payments of the following minimum amounts (or more) are DUE ON THE FIRST DAY OF EACH MONTH
10 equal payments of _\$908.00_ and one (1) payment of _-\$-0-_ as follows:

SEP	1	\$-908.00-	JAN	1	\$-908.00-	APR	1	\$-908.00-
OCT	1	\$-908.00-	FEB	1	\$-908.00-	MAY	1	\$-908.00-
NOV	1	\$-908.00-	MAR	1	\$-908.00-	JUN	1	\$-908.00-
DEC	1	\$-908.00-						

Tuition is an ANNUAL FEE based on the number of school days, according to the current school calendar, from mid-September to mid-June. Tuition is pro-rated on a daily basis when a child is enrolled after the beginning of the school year or withdrawn before the end of the year, based on the actual number of days of enrollment. TWENTY (20) SCHOOL DAYS WRITTEN NOTICE IS REQUIRED TO WITHDRAW A CHILD FROM SCHOOL. When written notice is received, children may attend school and tuition will be charged through the following twenty (20) school days. Tuition which has been paid in advance for days past that time will be refunded. THERE IS NO REDUCTION OF TUITION WHEN A CHILD IS ABSENT FROM SCHOOL OR IF A CHILD IS WITHDRAWN AFTER APRIL 15th.

A late fee of \$10.00 will be charged on any invoice not paid by the fifteenth of the month. Interest at the rate of 1 1/2 per month will be charged on any account past due. A \$25.00 CHARGE WILL BE MADE FOR ANY CHECK RETURNED BY THE BANK.

I/We agree to the payment of tuition under the terms and conditions of the plan selected above, and further agree to pay all costs (including attorney's fees) necessary to effect your collection of the tuition we have agreed to pay herein.

I/We have read this Tuition Payment Agreement and have received a true copy.

ARCADIA MONTESSORI SCHOOL

signature(s) of Parent(s) or
Guardian(s) Responsible for Payment

By: _____

Date: _____

Address _____

SCHOOL COPY

City _____ ZIP _____

ARCADIA MONTESSORI SCHOOL

1406 South Santa Anita Avenue_ Arcadia, California_ 91006 _ (626) 447-3513

TUITION PAYMENT AGREEMENT- Pre Kindergarten-Kindergarden (4 1/2-6 years old)

For _____ Starting Date _____

I/We enroll the above named child (ren) in the ARCADIA MONTESSORI SCHOOL, according to the current school policies. In consideration of enrollment, I/We agree to pay tuition according to the following terms and conditions:

ANNUAL TUITION

Proration for _____ child (ren) entering school on above date,
DAILY RATE \$52.69 _____ x _____ DAYS = _____ annual tuition

- ANNUAL PAYMENT PLAN
\$ _____ 9180.00 _____ payable on or before September 1, 2019
- SEMI-ANNUAL PAYMENT PLAN
\$ _____ 4640.00 _____ payable on or before September 1, 2019 and
\$ _____ 4640.00 _____ payable on or before January 1, 2020
- MINIMUM PAYMENT PLAN
Payments of the following minimum amounts (or more) are DUE ON THE FIRST DAY OF EACH MONTH
10 equal payments of _\$938.00_ and one (1) payment of _-\$-0-_ as follows:

SEP	1	\$-938.00-	JAN	1	\$-938.00-	APR	1	\$-938.00-
OCT	1	\$-938.00-	FEB	1	\$-938.00-	MAY	1	\$-938.00-
NOV	1	\$-938.00-	MAR	1	\$-938.00-	JUN	1	\$-938.00-
DEC	1	\$-938.00-						

Tuition is an ANNUAL FEE based on the number of school days, according to the current school calendar, from mid-September to mid-June. Tuition is pro-rated on a daily basis when a child is enrolled after the beginning of the school year or withdrawn before the end of the year, based on the actual number of days of enrollment. TWENTY (20) SCHOOL DAYS WRITTEN NOTICE IS REQUIRED TO WITHDRAW A CHILD FROM SCHOOL. When written notice is received, children may attend school and tuition will be charged through the following twenty (20) school days. Tuition which has been paid in advance for days past that time will be refunded. THERE IS NO REDUCTION OF TUITION WHEN A CHILD IS ABSENT FROM SCHOOL OR IF A CHILD IS WITHDRAWN AFTER APRIL 15th.

A late fee of \$10.00 will be charged on any invoice not paid by the fifteenth of the month. Interest at the rate of 1 1/2 per month will be charged on any account past due. A \$25.00 CHARGE WILL BE MADE FOR ANY CHECK RETURNED BY THE BANK.

I/We agree to the payment of tuition under the terms and conditions of the plan selected above, and further agree to pay all costs (including attorney's fees) necessary to effect your collection of the tuition we have agreed to pay herein.

I/We have read this Tuition Payment Agreement and have received a true copy.

ARCADIA MONTESSORI SCHOOL

signature(s) of Parent(s) or
Guardian(s) Responsible for Payment

By: _____

Date: _____

Address _____

SCHOOL COPY

City _____ ZIP _____