

Arcadia Montessori School  
Returning 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 \_\_\_\_\_

## 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

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Parent Signature

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List Food Allergies

# 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 [arcdiamontessorischool.com](http://arcdiamontessorischool.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

## 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 15<sup>th</sup> 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.

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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**  
**(626) 447-3513**  
**2019-2020 SCHOOL YEAR CALENDAR**

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

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**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

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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**

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 \_\_\_\_\_

## 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: \_\_\_\_\_

**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

\_\_\_\_\_

## 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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