Arcadia Montessori School

New Student Forms

2021

ARCADIA MONTESSORI SCHOOL

IDENTIFICATION AND EMERGENCY INFORMATION

CHILD'S NAME_____ AGE_____ BIRTHDATE_____ SEX_____

HOME ADDRESS_____ PHONE_____

PLACE OF BIRTH_____ BOTH PARENTS LIVING AT THISADDRESS?_____

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

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

	DATES		DATES		DATES
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ 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

LUNCH

DINNER

WHAT ARE USUAL EATING HOURS?
BREAKFAST _____
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

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-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS 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: _____ Date of Physical Exam: _____
Address: _____ Date This Form Completed: _____
Telephone: _____ 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 2008 Monterey Park, CA

   Licensing Office Telephone #: 323 981-3360

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 995 (9/08) (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.

Arcadia Montessori School
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

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 2008

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Monterey Park		323 981-3360

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)	(PRINT THE ADDRESS OF THE FACILITY)
Arcadia Montessori School	1406 S. Santa Anita Ave. Arcadia, CA 91006

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

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.

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 begin 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

Parent _____

Parent _____

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:	LICENSE NUMBER:	DATE:
Arcadia Montessori School	198019186	

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:

MEDICATION CHART
Staff Documentation of Medicine Administration

DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE

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

STAFF	DATE

ARCADIA MONTESSORI SCHOOL
(626) 447-3513
2021 SCHOOL YEAR CALENDAR

1st SCHOOL MONTH (Jan 4-Jan 29) **TUITION #1**	4 11 18 *25	5 12 19 26	6 13 20 27	7 14 21 28	8 15 22 29	19/19
2nd SCHOOL MONTH (Feb 1-Feb 26) **TUITION #2**	1 **FEB** 8 * 15 22	2 9 16 23	3 10 17 24	4 11 18 25	5 12 19 26	19/38
3rd SCHOOLMONTH (Mar 1-Mar 26) **TUITION #3**	1 **8** 15 22	2 9 16 23	3 10 17 24	4 11 18 25	5 12 19 26	20/58
4thSCHOOL MONTH (Mar 29-Apr 23) **TUITION #4**	29 **APR** *5 12 19	30 *6 13 20	31 *7 14 21	1 *8 15 **22**	2 *9 16 23	15/73
5th SCHOOLMONTH (Apr 26-May 21) **TUITION #5**	26 **MAY** 3 10 17	27 4 11 18	28 5 12 19	29 6 13 20	30 7 14 21	20/93
6th SCHOOLMONTH (May 24-June 18) **TUITION #6**	24 ***31** 7 14	25 **JUN** 1 8 15	26 2 9 16	27 3 10 17	28 4 11 18	19/112

SUMMER SCHOOL SESSION 1 - June 21, 2021 - July 30, 2021

SUMMER SCHOOL SESSION 2 – August 2, 2021– September 3, 2021

* Holiday - School is Closed

Parent Conferences Forms: March 8, 2021

ARCADIA MONTESSORI SCHOOL

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

TUITION PAYMENT AGREEMENT- Pre Kindergarten-Kindergarden (4 ½-6 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 $53.00_____ x _____ DAYS = _____ annual tuition

❑ ANNUAL PAYMENT PLAN
$___5936.00 _____ payable on or before September 1, 2019

❑ MINIMUM PAYMENT PLAN
Payments of the following minimum amounts (or more) are DUE ON THE FIRST DAY OF EACH MONTH
_6___ equal payments of __$.989.00___ and one (1) payment of __-$-0-_ as follows:

SEP	1	$-989.00-	JAN	1	$-989.00-	APR	1	$-989.00-
OCT	1	$-989.00-	FEB	1	$-989.00-	MAY	1	$-989.00-
NOV	1	$-998.00-	MAR	1	$-989.00-	JUN	1	$-989.00-
DEC	1	$-989.00-						

Tuition is an ANNUAL FEE based on the number of school days (112 school days, according to the current school calendar, from January 4, 2021 until June 18, 2021 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 1½ 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

By: Cheryl Roberts

Date: 1-4-21

SCHOOL COPY

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

_____

_____

Address_____

City_____ZIP_____

ARCADIA MONTESSORI SCHOOL

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

TUITION PAYMENT AGREEMENT- Primary (2-4 ½ 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
$___5721.00 _____ payable on or before January 4, 2021

❑ MINIMUM PAYMENT PLAN
Payments of the following minimum amounts (or more) are DUE ON THE FIRST DAY OF EACH MONTH
_6___ equal payments of __$952.00___ and one (1) payment of __-$-0-_ as follows:

JAN	1	$-952.00-	APR	1	$-952.00-
FEB	1	$-952.00-	MAY	1	$-952.00-
MAR	1	$-952.00-	JUN	1	$-952.00-

Tuition is an ANNUAL FEE based on the number of school days (112 days) according to the current school calendar, from January 4, 2021 until June 18, 2021. 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 1½ 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

By: Cheryl Roberts

Date: 1-4-21

SCHOOL COPY

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

_____

_____

Address_____

City_____ZIP_____

ARCADIA MONTESSORI SCHOOL
1406 S. Santa Anita Avenue
Arcadia, CA 91006
(626)447-3513

EXTENDED DAY CARE AGREEMENT
2021 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

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 Acknowledgment and Agreement COVID-19
Addendum to the Parent Handbook

I/we, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by the Arcadia Montessori School will result in adverse action, up to and including termination of enrollment.

On behalf of my child, _____, I/we agree to take all recommended and reasonable actions to protect my child and myself and others from exposure to COVID-19, and that I/we ASSUME THE RISK, as applicable, of enrolling my child and my child's attendance at the Arcadia Montessori School. I understand and agree that no one, including but not limited to Arcadia Montessori staff, can guarantee that my child and I will not be exposed to or contract COVID-19.

I acknowledge that my child's enrollment will be terminated if it is determined that my actions, or lack of action, unnecessarily exposes another employee, child, or their family member to COVID-19. I understand that these terms are in compliance with current public health standards and are subject to change. I will be notified in writing of any changes in policy and asked to sign an acknowledgement of the changes.

Child's Name: _____ DOB: _____

Parent's Name: _____

Parent Signature: _____ Date: _____

Parent's Name: _____

Parent Signature: _____ Date: _____