

Arcadia Montessori School  
Returning Student Forms  
2022 - 2023

# ARCADIA MONTESSORI SCHOOL

## IDENTIFICATION AND EMERGENCY INFORMATION

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BOTH PARENTS LIVING AT THIS ADDRESS? \_\_\_\_\_

PARENT NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PARENT NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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### *ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY*

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

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### *PHYSICIAN TO BE CALLED IN AN EMERGENCY*

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

Emergency hospital physician

Other \_\_\_\_\_

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### *NAMES OF OTHER PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY*

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

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

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# 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](http://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

## 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: 1918019186	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**

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 \$57.00 \_\_\_\_\_ x \_\_\_\_\_ DAYS = \_\_\_\_\_ annual tuition

- ANNUAL PAYMENT PLAN  
\$ \_\_\_\_\_ 9,880.00 \_\_\_\_\_ payable on or before September 1, 2022
- SEMI-ANNUAL PAYMENT PLAN  
\$ \_\_\_\_\_ 4990.00 \_\_\_\_\_ payable on or before September 1, 2022 and  
\$ \_\_\_\_\_ 4990.00 \_\_\_\_\_ payable on or before January 1, 2023
- MINIMUM PAYMENT PLAN  
Payments of the following minimum amounts (or more) are DUE ON THE FIRST DAY OF EACH MONTH  
\_\_\_\_\_ 10 \_\_\_\_\_ equal payments of \_\_\_\_\_ \$1,008.00 \_\_\_\_\_ and one (1) payment of \_\_\_\_\_ -\$-0- \_\_\_\_\_ as follows:

SEP	1	\$-1008.00-	JAN	1	\$-1008.00-	APR	1	\$-1008.00-
OCT	1	\$-1008.00-	FEB	1	\$-1008.00-	MAY	1	\$-1008.00-
NOV	1	\$-1008.00-	MAR	1	\$-1008.00-	JUN	1	\$-1008.00-
DEC	1	\$-1008.00-						

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 affect 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: Cheryl Roberts

Date: 9-1-22

\_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_

SCHOOL COPY

City \_\_\_\_\_ ZIP \_\_\_\_\_

**ARCADIA MONTESSORI SCHOOL**

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

**TUITION PAYMENT AGREEMENT- Pre Kindergarten-Kindergarten (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 \$59.00 \_\_\_\_\_ x \_\_\_\_\_ DAYS = \_\_\_\_\_ annual tuition

- ANNUAL PAYMENT PLAN  
\$ \_\_\_\_\_ 10,180.00 \_\_\_\_\_ payable on or before September 1, 2022
- SEMI-ANNUAL PAYMENT PLAN  
\$ \_\_\_\_\_ 5,140.00 \_\_\_\_\_ payable on or before September 1, 2022 and  
\$ \_\_\_\_\_ 5,140.00 \_\_\_\_\_ payable on or before January 1, 2023
- MINIMUM PAYMENT PLAN  
Payments of the following minimum amounts (or more) are DUE ON THE FIRST DAY OF EACH MONTH  
\_10\_ equal payments of \_\_\_\$1038.00.00\_\_\_ and one (1) payment of \_\_\_-\$-0-\_\_\_ as follows:

SEP	1	\$-1038.00-	JAN	1	\$-1038.00-	APR	1	\$-1038.00-
OCT	1	\$-1038.00-	FEB	1	\$-1038.00-	MAY	1	\$-1038.00-
NOV	1	\$-1038.00-	MAR	1	\$-1038.00-	JUN	1	\$-1038.00-
DEC	1	\$-1038.00-						

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 affect 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: Cheryl Roberts  
Date: 9-1-27

\_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_

SCHOOL COPY

City \_\_\_\_\_ ZIP \_\_\_\_\_

**ARCADIA MONTESSORI SCHOOL**

1406 S. Santa Anita Avenue

Arcadia, CA 91006

(626)447-3513

**EXTENDED DAY CARE AGREEMENT**

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	\$150
	4:00 pm	\$250
	5:00 pm	\$350
	6:00 pm	\$450

**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**  
**(626) 447-3513**  
**2022-2023 SCHOOL YEAR CALENDAR**

1 <sup>ST</sup> SCHOOL MONTH (Sep 12-Oct 7) <b>TUITION #1</b>	<b>SEP</b> 12	13	14	15	16	
	19	20	21	22	23	
	26	27	28	29	30	
2 <sup>ND</sup> SCHOOL MONTH (Oct 10-Nov 4) <b>TUITION #2</b>	<b>OCT</b> 3	4	5	6	7	
	10	11	12	13	14	
	17	18	19	20	21	
3 <sup>RD</sup> SCHOOL MONTH (Nov 7-Dec 2) <b>TUITION #3</b>	24	25	26	27	28	
	31	<b>NOV</b> 1	2	3	4	
	7	8	9	10	11	
4 <sup>TH</sup> SCHOOL MONTH (Dec 5-Dec 30) <b>TUITION #4</b>	14	15	16	17	18	
	21	22	23	24	25	
	28	29	30	<b>DEC</b> 1	2	
5 <sup>TH</sup> SCHOOL MONTH (Jan 2-Jan 27) <b>TUITION #5</b>	5	6	7	8	9	
	12	13	14	15	16	
	19	20	21	22	23	
6 <sup>TH</sup> SCHOOL MONTH (Jan 30-Feb 24) <b>TUITION #6</b>	26	27	28	29	30	
	<b>JAN</b> 2	3	4	5	6	
	9	10	11	12	13	
7 <sup>TH</sup> SCHOOL MONTH (Feb 27-Mar 24) <b>TUITION #7</b>	16	17	18	19	20	
	23	24	25	26	27	
	30	31	<b>FEB</b> 1	2	3	
8 <sup>TH</sup> SCHOOL MONTH (Mar 27-Apr 21) <b>TUITION #8</b>	6	7	8	9	10	
	13	14	15	16	17	
	20	21	22	23	24	
9 <sup>TH</sup> SCHOOL MONTH (Apr 24-May 19) <b>TUITION #9</b>	27	28	<b>MAR</b> 1	2	3	
	6	7	8	9	10	
	13	14	15	16	17	
10 <sup>TH</sup> SCHOOL MONTH (May 22-June 16) <b>TUITION #10</b>	20	21	22	23	24	
	27	28	29	30	31	
	27	28	29	30	31	
11 <sup>TH</sup> SCHOOL MONTH (Jun 19-Jul 13) <b>TUITION #11</b>	<b>APR</b> 3	4	5	6	7	
	10	11	12	13	14	
	17	18	19	20	21	
12 <sup>TH</sup> SCHOOL MONTH (Jul 16-Aug 9) <b>TUITION #12</b>	24	25	26	27	28	
	1	2	3	4	5	
	8	9	10	11	12	
13 <sup>TH</sup> SCHOOL MONTH (Aug 12-Sep 5) <b>TUITION #13</b>	15	16	17	18	19	
	22	23	24	25	26	
	29	30	31	<b>JUN</b> 1	2	
14 <sup>TH</sup> SCHOOL MONTH (Sep 8-Oct 3) <b>TUITION #14</b>	5	6	7	8	9	
	12	13	14	15	16	
	19	20	21	22	23	

SUMMER SCHOOL SESSION 1 - June 19, 2023 - July 28, 2023  
SUMMER SCHOOL SESSION 2 – July 31, 2023 – September 1, 2023

**Holiday - School is Closed**

Parent Conferences Forms: [November 7, 2022/March 13, 2023](#)