

Arcadia Montessori School
Returning Student Forms
2023-2024

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 _____

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 _____

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

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

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: 19180191R6	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 \$63.00_ _____ x _____ DAYS = _____ annual tuition

ANNUAL PAYMENT PLAN

\$ _____ 10,880.00 _____ payable on or before September 1, 2023

SEMI-ANNUAL PAYMENT PLAN

\$ _____ 5490.00 _____ payable on or before September 1, 2023 and

\$ _____ 5490.00 _____ payable on or before January 1, 2024

MINIMUM PAYMENT PLAN

Payments of the following minimum amounts (or more) are DUE ON THE FIRST DAY OF EACH MONTH

10 equal payments of _\$1,108.00_ and one (1) payment of _-\$0-_ as follows:

SEP 1	\$-1108.00-	JAN 1	\$-1108.00-	APR 1	\$-1108.00-
OCT 1	\$-1108.00-	FEB 1	\$-1108.00-	MAY 1	\$-1108.00-
NOV 1	\$-1108.00-	MAR 1	\$-1108.00-	JUN 1	\$-1108.00-
DEC 1	\$-1108.00-				

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 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 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: 9-1-23

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 \$65.00 _____ x _____ DAYS = _____ annual tuition

- ANNUAL PAYMENT PLAN
\$ _____ 11,198.00 _____ payable on or before September 1, 2023
- SEMI-ANNUAL PAYMENT PLAN
\$ _____ 5,649.00 _____ payable on or before September 1, 2023 and
\$ _____ 5,649.00 _____ payable on or before January 1, 2024
- MINIMUM PAYMENT PLAN
Payments of the following minimum amounts (or more) are DUE ON THE FIRST DAY OF EACH MONTH
10 equal payments of _\$1138.00_ and one (1) payment of _-\$0-_ as follows:

SEP 1	\$-1138.00-	JAN 1	\$-1138.00-	APR 1	\$-1138.00-
OCT 1	\$-1138.00-	FEB 1	\$-1138.00-	MAY 1	\$-1138.00-
NOV 1	\$-1138.00-	MAR 1	\$-1138.00-	JUN 1	\$-1138.00-
DEC 1	\$-1138.00-				

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 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 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: 9-1-23

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.

SCHEDULE A

	Pick up by	Monthly charge
	3:00 pm	\$180
	4:00 pm	\$300
	5:00 pm	\$420
	6:00 pm	\$540

SCHEDULE B

Hourly rate: \$10.00 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
(626) 447-3513
2023-2024 SCHOOL YEAR CALENDAR

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

SUMMER SCHOOL SESSION 1 - June 17, 2024 - July 26, 2024

SUMMER SCHOOL SESSION 2 - July 29, 2024 - August 30, 2024

Holiday - School is Closed

Parent Conferences Forms: November 6, 2023/March 11, 2024