

Arcadia Montessori School

Returning Student Forms

2026 - 2027

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 NAPI? _____

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

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: 1R1R01R1R6	DATE:
--	-------------------------------	-------

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	DOSEAGE

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

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

STAFF	DATE
-------	------

Illness Policy Letter

Dear Parents,

Please read and sign below stating that you are aware of our illness policy at Arcadia Montessori School. We pride ourselves on being a very healthy school.

We acknowledge that it is very difficult for parents to leave work to pick up your child but we truly appreciate your cooperation to keep us all safe and healthy.

Policy:

Please do not send your child to school with a bad cold, vomiting, diarrhea, or fever. Your child can return to school 24 hours AFTER all symptoms have resolved. If we send your child home from school, they may not return the next day. They may return to school 24 hours after symptoms has resolved.

Parent's Signature

Arcadia Montessori School

Social Media Photo/Video Permission Form

Dear Parent/Guardian,

At Arcadia Montessori School, we love to share the joy, learning, and creativity that happens in our classrooms with our extended community through our official social media platforms (including but not limited to Facebook, Instagram, and our school website).

We respect your privacy and your decision, and we will honor your preferences. Please complete the form below by selecting the appropriate option.

Student's Name: _____

Please check one:

YES, I give permission for my child's photo/video to be posted on Arcadia Montessori School's official social media accounts.

YES, **WITH CONDITIONS**, I give permission for my child's photo/video to be posted on Arcadia Montessori School's official social media accounts, **only if their face is not visible i.e. from behind, cropped, or blurred**).

NO, I do not give permission for my child's photo/video to be posted on Arcadia Montessori School's official social media accounts.

Thank you for your continued trust and support.

Sincerely,
Arcadia Montessori School Administration

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

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.
- 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 north side of the driveway to enter the front door.
- Please DO NOT walk between cars.

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

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 \$76.00_____ x _____ DAYS = _____ annual tuition

- ANNUAL PAYMENT PLAN
\$ _____ 13,238.00 _____ payable on or before September 1, 2026
- SEMI-ANNUAL PAYMENT PLAN
\$ _____ 6688.00 _____ payable on or before September 1, 2026 and
\$ _____ 6688.00 _____ payable on or before January 1, 2027
- MINIMUM PAYMENT PLAN
Payments of the following minimum amounts (or more) are DUE ON THE FIRST DAY OF EACH MONTH
10 equal payments of ___\$1,348.00___ and one (1) payment of ___-\$0-___ as follows:

SEP	1	\$-1,348.00-	JAN	1	\$-1,348.00-	APR	1	\$-1,348.00-
OCT	1	\$-1,348.00-	FEB	1	\$-1,348.00-	MAY	1	\$-1,348.00-
NOV	1	\$-1,348.00-	MAR	1	\$-1,348.00-	JUN	1	\$-1,348.00-
DEC	1	\$-1,348.00-						

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: 09-1-26

Address _____

SCHOOL COPY

City _____ ZIP _____

ARCADIA MONTESSORI SCHOOL

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

TUITION PAYMENT AGREEMENT- Transitional 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 \$78.00 _____ x _____ DAYS = _____ annual tuition

- ANNUAL PAYMENT PLAN
\$ _____ 13,628.00 _____ payable on or before September 1, 2026
- SEMI-ANNUAL PAYMENT PLAN
\$ _____ 6,868.00 _____ payable on or before September 1, 2026 and
\$ _____ 6,868.00 _____ payable on or before January 1, 2027
- MINIMUM PAYMENT PLAN
Payments of the following minimum amounts (or more) are DUE ON THE FIRST DAY OF EACH MONTH
10 equal payments of _\$1,388.00_ and one (1) payment of _-\$-0-_ as follows:

SEP	1	\$-1,388.00-	JAN	1	\$-1,388.00-	APR	1	\$-1,388.00-
OCT	1	\$-1,388.00-	FEB	1	\$-1,388.00-	MAY	1	\$-1,388.00-
NOV	1	\$-1,388.00-	MAR	1	\$-1,388.00-	JUN	1	\$-1,388.00-
DEC	1	\$-1,388.00-						

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: 9-1-26

Address _____

SCHOOL COPY

City _____ ZIP _____

ARCADIA MONTESSORI SCHOOL
 (626) 447-3513
 2026-2027 SCHOOL YEAR CALENDAR

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

SUMMER SCHOOL SESSION 1 - June 21, 2027 - July 30, 2027
 SUMMER SCHOOL SESSION 2 – August 2, 2027 – September 3, 2027
Holiday - School is Closed
 Parent Conferences Forms: November 2, 2026/March 15, 2027