

Arcadia Montessori School
Returning 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 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

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.

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
 (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
2 nd SCHOOL MONTH (Feb 1-Feb 26) TUITION #2	FEB 1 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
6 th 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- 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

\$ ___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 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: Cheryl Roberts

Date: 1-4-21

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 \$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.

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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: Cheryl Roberts
Date: 1-4-21

Address _____

SCHOOL COPY

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 _____

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

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: Arcadia Montessori School	LICENSE NUMBER: 198019186	DATE:
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PARENT'S INSTRUCTIONS:

- All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.
- Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
- Prescription and nonprescription medication shall be administered in accordance with the label directions.
- 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

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: _____