

Arcadia Montessori School

New 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? \_\_\_\_\_

---

---

### CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER 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
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> 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	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____
	LUNCH	
	DINNER	

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
--------------------	----------------------

IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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)	/ /	/ /			
(REQUIRED FOR CHILD CARE ONLY) HIB MENINGITIS (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: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_  
Date This Form Completed: \_\_\_\_\_  
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](http://www.meganslaw.ca.gov)*

LIC 985 (8/08)

(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](http://www.meganslaw.ca.gov)*

LIC 995 (9/08)

**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

Monterey Park

ZIP CODE

AREA CODE/TELEPHONE NUMBER

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)

Arcadia Montessori School

(PRINT THE ADDRESS OF THE FACILITY)

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 being 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](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:
--	-------------------------------	-------

**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

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

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

**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 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: 9-1-23

\_\_\_\_\_  
\_\_\_\_\_  
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 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: 9-1-23

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

Address \_\_\_\_\_

SCHOOL COPY

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

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

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](#)

# 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