# Arcadia Montessori School New Student Forms 2023-2024

# ARCADIA MONTESSORI SCHOOL

### IDENTIFICATION AND EMERGENCY INFORMATION

CHILD'S NAME	AGE	BIRTHDATE	SEX
HOME ADDRESS		WWW.	
HOME PHONE		BOTH PARENTS LIVING	ATTHIS ADDRESS?
PARENT NAME	***************************************	OCCUPATION	
COMPANY NAME	CELL	WOI	RK
EMAIL ADDRESS			
PARENT NAME		OCCUPATION	Commence of Annies and
COMPANY NAME	CELL	work	har falmaka salamannin na makanin makanin salah sirin karin karin karin karing pengil karing kisa di Ambala Ja
EMAIL ADDRESS	PP/AT: Tack Automobile access conscious access acce		
ADDITIONAL PERSONS	WHO MAY BE	CALLED IN AN	EMERGENCY
NAME	RELATIONSH	ПЪ	PHONE
NAME			
NAME	RELATIONSH	IIP	PHONE
PHYSICIAN T	O BE CALLED I	IN AN EMERGEN	CY
NAME_ ADDRESS_			
IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION  Emergency hospital physi  Other	ician		
NAMES OF OTHER PERSO	ONS AUTHORIZED T	O TAKE CHILD FROM	M FACILITY
NAME	RELATIONS	IIP	PHONE
NAME			PHONE
NAME	RELATIONSH	HP	PHONE
NAME	RELATIONSH	HIP	PHONE
USUAL TIME CHILD WILL BE PICKED UP	DOES CHI	LD NEED A NAP?	

LIC 702 (7/99) (CONFIDENTIAL)

CHILD'S PREADMISS	SION	HEALTH	l HIS	STORY—PAR	ENT'S	REP	ORT				
CHILD'S NAME							SEX	BIRTH	DATE		
FATHER'S NAME								DOES FATHER LIVE IN HOME WITH CHILD?			CHILD?
MOTHER'S NAME						na diamenta makai make nga ting bilakai are	***************************************	DOES	MOTHER LI	VE IN HOME WITH	CHILD?
IS MAS CHILD BEEN UNDER REGULAR SUPE	RVISION	OF PHYSICIAN?				The track and	***************************************	DATE	OF LAST PH	YSICAL/MEDICAL E	EXAMINATION
DEVELOPMENTAL HISTORY (	For infa					The Manufacture and the second			And the second second second second second second	THE RESIDENCE OF THE PROPERTY	
WALKED AT#	MON	3	BEGAN	TALKING AT*	***************************************	MONTHS	***************************************	TOILE	TRAINING	STARTED AT*	MONTHS
PAST ILLNESSES — Check Illn			had a	and specify approx	imate da						
	Ε	DATES				DAT	ES				DATES
☐ Chicken Pox				Diabetes					Polion	-	
☐ Asthma				Epilepsy					Ten-D (Rube	ay Measles	
☐ Rheumatic Fever				Whooping cough						-Day Measle	15
☐ Hay Fever				Mumps	l				(Rube	lla)	
SPECIFY ANY OTHER SERIOUS OR SEVERE	ILLNESSE	S OR ACCIDENTS				**************************************				4	and the same and t
DOES CHILD HAVE FREQUENT COLDS?	☐ YE	s 🗌 no	HOW M	ANY IN LAST YEAR?	L	ST ANY ALL	ERGIES ST	AFF SHO	ULD BE AW	ARE OF	VV (PM) Million (VIII (N) (PM) PM (PM) (PM) (PM) (PM) (PM) (PM)
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WHAT TIME DOES CHILD GET UP?*			WHAT T	IME DOES CHILD GO TO BE	E07*	***************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	O	OES CHILD	SLEEP WELL?*	OFFICE OF THE PERSON OF THE PROPERTY OF THE PERSON OF THE
DOES CHILD SLEEP DURING THE DAY?*		***	WHEN?		*****			Н	OW LONG?	*	en e
DIET PATTERN: BREAKF	AST		L		- <del> </del>			4		SUAL EATING HOU	IRS7
(What does child usually eat for these meals?) LUNCH	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>				***************************************	To the description of the second			REAKFAST UNCH	***************************************	Stronger and the Part of Mark and
DINNER				**************************************			to Transfer (1970) of the deficit of the community	D	INNER		Market and the second s
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ANY FOOD DISLIKES?	PTCSHIP of Promotographic process	<del></del>	***************************************				NG PROBLE		no contrate the second		
IS CHILD TOILET TRAINED?*		IF YES, AT WHAT	STAGE:4	•	ARE BOW	EL MOVEME		LAR?		WHAT IS USUAL T	rime? <sup>*</sup>
WORD USED FOR BOWEL MOVEMENT*		<u> </u>				ED FOR URI			The second secon		en anno 1800 es es socio de como esta en esta e
PARENT'S EVALUATION OF CHILD'S HEALTH	}	Property and annual section of the s			1	*****************	~~~			The search annual relative resources and a second s	
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IS CHILD PRESENTLY UNDER A DOCTOR'S O	~A067	)F YES, NAME OF	noctos		I DOES CHI	LD TAKE PR	ECCDIDEN	MEDICAL	NAM/C)3	HE VEO VEDATIVA	ID AND ANY SIDE EFFECTS:
YES NO	ANCE!	F TEB, TYANE OF	DOCTOR		☐ YE	,,,,,,		MEDICA	now(s):	if Yes, What Kin	IU AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S):	· · · · · · · · · · · · · · · · · · ·	F YES, WHAT KIN	D:					EVICE(S	AT HOME?	IF YES, WHAT KIN	ND:
YES NO					☐ YI	s L	NO	***			
PARENT'S EVALUATION OF CHILD'S PERSON	NALITY		*******			ant Area Area publish data yan Area an Area (a mara a mara a					
HOW DOES CHILD GET ALONG WITH PAREA	ITS, BROT	HERS, SISTERS A	HTO DN	ER CHILDREN?	The state of the s				The second second second second second		
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DOES THE CHILD HAVE ANY SPECIAL PROB	LEMS/FE/	ARS/NEEDS? (EXP	LAIN.)				VIV against the second section with			The state of the s	
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PARENT'S SIGNATURE		AND SEPERATE PROPERTY AND AND SEPERATE AND					And the second s		ny dia dia mandritra di America d		DATE

## PHYSICIAN'S REPORT—CHILD CARE CENTERS

PARIA.	- PARENT'S	CONSENT (TO I	BE COMPLETE	D BY PARE	NT)		
(NAME OF CHILD)	, born	BIRTH	DATE	is bel	ng studied fo	or readiness	to ente
trong or chies;	This	s Child Care Center		s a program	which extend	ds from	:
(NAME OF CHILD CARE CENTER/SCHOOL)	THE SECOND PROPERTY OF SECOND PROPERTY.						V-1-
.m./p.m. to a.m./p.m. ,	days a week.						
Please provide a report on above-named eport to the above-named Child Care Ce		orm below. I hereby	authorize relea	ase of medi	cal informatio	on contained	l in this
•	(SIGNATURE OF	PAHENT, GUARDIAN, OR C	HILD'S AUTHORIZED F	PRESENTATIV		(TUDAY)	S DATE)
PART B -	PHYSICIAN'	S REPORT (TO I	BE COMPLETE	D BY PHYS	ICIAN)		
Problems of which you should be aware:		analysissa approximationparates a specialis i is to a shirt at a factor of instruction	annun anakanan annun a annun ah, am unk tes bada	al de suit collecter, de Marie admitté été effecté l'intérnation	antennamentale manadalentini ankalen manadalentilik	and the state of t	
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Other (Include behavioral concerns):		art of State and the about the first or soon the state					
Comments/Explanations:		A COMPANY OF THE PARTY OF THE P					
MEDICATION PRESCRIBED/SPECIAL ROUTINES	ARESTRICTIONS F	OR THIS CHILD:		and the second second second second second		discounty-represents seattle-printer series - ( e section — re	
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						hereng appear up they need to have the second secon	
	out or enclos	se California Im	munization F	Record, P	M-298.)		
IMMUNIZATION HISTORY: (Fill vaccine		se California Im	munization F	Record, P	M-298.)	51	
VACCINE  POLIO (OPV OR IPV)	out or enclos	se California Im	munization F	Record, P	M-298.)		
VACCINE  POLIO (OPV OR IPV)  OTP/DT:IP/ (ACELLULAR) PERTUSSIS ON TETANUS	out or enclos	se California Im	munization F	Record, P	M-298.)		
VACGINE  VACGINE  POLIO (OPV OR IPV)  OTP/DTap/ (ACCLLULAR) PERTUSSIS OR TETANUS AND OPHTHERIA ONLY)  MMMR (MEASLES, MUMPS, AND RUBELLA)	out or enclos	se California Im	munization F	Record, P	M-298.)		
VACCINE  VACCINE  POLIO (OPV OR IPV)  DTP//DTap/ (DIPHTHERIA, TETANUS AND (ACELLULAS) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  MMR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)	out or enclos	se California Im	munization F	Record, P	M-298.)		
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# CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

#### PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

- Enter and inspect the child care center without advance notice whenever children are in care.
- File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
- Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
- Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
- 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

LIC 885 (8/08)	(Detach Here - Give Upper Portion to Parents)
	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;

AC	(NOWLEDGEMENT OF NOTIFICA (Parent/Authorized Representative	TION OF PARENTS' RIGHTS e Signature Required)
l, the pr receive CAREC	arent/authorized representative of	ication of Parents' Rights" and the the licensee.
	Arcadia Montessori School Name of Child Care Co	enter
	Signature (Parant/Authorized Representative)	Date
NOTE:	This Acknowledgement must be kept in child's file and parent/authorized representative.	l a copy of the Notification given to
	For the Department of Justice "Registered Sex Offend	er"database go to 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 LICENSING AGENCY TO CONTACT REGARDING COMPLETE		RMED OF THE APPROPRIATE
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Department of Social Services		
ADDRESS	erenza, m. z., d.z.s., v., popus ufficial components from Nation Victorian	The second secon
1000 Corporate Center Dr. Suite 2008		
GITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Monterey Park		323 981-3360
DETACH	I HERE	
TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENT	ATIVE:	PLACE IN CHILD'S FILE
Upon satisfactory and full disclosure of the personal rights as explain	ned, complete the following	acknowledgment:
ACKNOWLEDGMENT: I/We have been personally advised of, a California Code of Regulations, Title 22, at the time of admission to:	nd have received a copy	of the personal rights contained in the
(PRINT THE NAME OF THE FACILITY)	PHINT THE ADDRESS OF THE FAC	LUTY)
Arcadia Montessori School	1406 S. Santa Anita	a Ave. Arcadia, CA 91006
(PRINT THE NAME OF THE CHILD)		17
(SIGNATURE OF THE REPRESENTATIVE PARENT/GUARDIAN)	and the state of t	
(TITLE OF THE AUPHESENTATIVE/PARENT/GUARDIAN)		(DATE)
LIC 613A (8/08)	a and a green and a second group of the second seco	

# 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/padestrians.
- · 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.

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Thank for your understanding and cooperation in working tegether to keep your children	n

## Methodist Hospital Consent to Treatment

We, the undersigned, parents(s) of
This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California
ParentParent
Known medical problems:

## **Arcadia Montessori School**

Dear Parents.

In an effort to improve communication between you and the staff of Arcadla 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	N
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

NO	TE: Regulation Se	ction 101221 r	equires the following infor	mation be	on file.				
	o care center name: adia Montessori So	hool		The Manager of the Conference	LICENSE NUMBER: 1918019186	DATE:	THE STATE OF THE S		
PA	RENT'S INSTRUCT	TIONS:		4 P86 1-01-08 to high find feel arrangement of the second and t	green annote an earth de reach de reach de se mot a central de grée grée de gréen de gréen de gréen de le prés		Name and the second sec		
1.	All prescription a	nd nonprescrip	tion medications shall be	maintaine	d with the child's r	name and shall be d	ated.		
2.	Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medication requiring refrigeration must be properly stored.								
3.	Prescription and	nonprescription	n medication shall be adm	ninistered	in accordance with	n the label directions	i <b>.</b>		
4.	to the child. Insti		ed from the parent, permi not conflict with the prescr		l or product label		1edications		
CHIL	D'S NAME		The second secon		DATE OF BIRTH		With the second		
MED	ICATION NAME	The second secon			DOSAGE	THE PERSON OF STATE & Land and Administration of the State of the Stat			
Fro	omBEGINNING DA	ng medical co		TIME O		while in attendance.			
FAR	en i o oldnai orie.					DATE:			
		Si	MEDICATION Aff Documentation of M						
DATE		TIME GIVEN	STAFF SIGNATURE	THE REAL PROPERTY AND ADDRESS OF THE PROPERTY		,	*		
DATE	nni iyo ranooyna kuraayaa ka Mookaanko mada kuun sa kuraaya marayaa fay, ay ay ka da	TIME GIVEN	STAFF SIGNATURE	errore to the Profit day to the contract of th			Priorit enne, majorika muskanov rasne ennes stanjum		
DATE		TIME GIVEN	STAFF SIGNATURE	## 1 North Conduction and Construction Construction					
DATE		TIME GIVEN	STAFF SIGNATURE		The state of the s	7 - 7 - 4 M A A A A A A A A A A A A A A A A A A	***************************************		
DATE		TIME GIVEN	STAFF SIGNATURE		a coloration de la colo				
Up	on completion, ref	turn medicine	to parent or destroy, an	d place fo	orm in child's rec	ord.	Matalan at taken per a series and a series of the series o		
STAF	F	The state with the state of the		and the second s	[c	DATE			

ARCADIA MONTESSORI SCHOOL

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

## TUITION PAYMENT AGREEMENT- Primary (2-4 ½ years old)

For_ I/We enroll the above named child (ren) in the AR	Starting D	ate		*		
I/We enroll the above named child (ren) in the AR policies. In consideration of enrollment, I/We ago	CADIA MOI ree to pay tu	NTESSORI SCHOOL, accition according to the follow	ording to the c wing terms and	urrent school d conditions:		
ANNUAL TUITION  Proration for child( ren) entering sch  DAILY RATE \$63.00 x _	nool on abov	re date, \YS = an	nual tuition			
□ ANNUAL PAYMENT PLAN \$10,880.00 pay	able on or b	efore September 1, 2023				
SEMI-ANNUAL PAYMENT PLAN \$ 5490.00 \$ 5490.00	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 _10 equal payments of\$1,						
OCT 1 \$-1108.00-	FEB 1	\$-1108.00- \$-1108.00- \$-1108.00-	APR 1 MAY 1 JUN 1	\$-1108.00- \$-1108.00- \$-1108.00-		
Tuition is an ANNUAL FEE based on the number September to mid-June. Tuition is pro-rated on a year or withdrawn before the end of the year, bas SCHOOL DAYS WRITTEN NOTICE IS REQUIRING received, children may attend school and tuition which has been paid in advance for days past that WHEN A CHILD IS ABSENT FROM SCHOOL O	a daily basis sed on the ac ED TO WITH will be charg at time will be	when a child is enrolled a ctual number of days of en HDRAW A CHILD FROM Sed through the following two refunded. THERE IS No	fter the beginn rollment. TW SCHOOL. Wr venty (20) scho O REDUCTIOI	ing of the school ENTY (20) en written notice is ool days. Tuition		
A late fee of \$10.00 will be charged on any invoic month will be charged on any account past due. THE BANK.						
I/We agree to the payment of tuition under the terall costs (including attorney's fees) necessary to	rms and con affect your c	ditions of the plan selected ollection of the tuition we h	d above, and for nave agreed to	orther agree to pay pay herein.		
I/We have read this Tuition Payment Agreement	and have re	ceived a true copy.				
ARCADIA MONTESSORI SCHOOL		signature(s) of Parent(s) or Guardian(s) Responsible for Payment				
By: Cheryl Roberts						
Date:	Add					
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 ½-6 years old)

For			Starting D	ate			*	
I/We enroll the ab	ove named child (ren) i ideration of enrollment,	n the ARCAD	DIA MONTE o pay tuition	SSORI SCH according to	OOL, accordi o the following	ng to t g terms	he current school s and conditions:	
ANNUAL TUITION Proration DAILY RA	<u>N</u> for child (ren) ent ATE \$65.00	ering school	on above da _ DAYS	ate, =	annual tu	ition		
	NUAL PAYMENT PLA 11,198.00		e on or befo	re Septembe	er 1, 2023			
\$	EMI-ANNUAL PAYMEN 5,649.00 5,649.00	paya	able on or b able on or b	efore Septer efore Januar	mber 1, 2023 : ry 1, 2024	and		
Pa	NIMUM PAYMENT PLA syments of the following 10 equal payments	minimum an						HTMC
OCT 1 NOV	\$-1138.00- 1 \$-1138.00- 1 \$-1138.00- 1 \$-1138.00-	FEB 1	\$-1138.0 \$-1138.0 \$-1138.0	0-	APR MAY JUN	1	\$-1138.00- \$-1138.00- \$-1138.00-	
September to mid year or withdrawn SCHOOL DAYS \ received, children which has been p	UAL FEE based on the I-June. Tuition is pro-ranced before the end of the your WRITTEN NOTICE IS Formary attend school and aid in advance for days S ABSENT FROM SCH	ated on a dai rear, based o REQUIRED T I tuition will b past that tim	ily basis who on the actua O WITHDR e charged the on will be ref	en a child is a number of control of the control of the control of the founded.	enrolled after days of enrollr D FROM SCH ollowing twent ERE IS NO R	the be ment. IOOL. ty (20) EDUC	ginning of the sch TWENTY (20) When written no school days. Tu TION OF TUITION	nool otice is ition
	00 will be charged on a rged on any account pa							
	payment of tuition under g attorney's fees) neces							э рау
I/We have read th	nis Tuition Payment Agr	eement and I	have receive	ed a true cop	by.			
ARCADIA MONT	ESSORI SCHOOL			e(s) of Parer n(s) Respon	nt(s) or sible for Payn	nent		
By: Chery	l Robert	1						
Date:	7-1-20		Address	······································				_
SCHOOL COPY			City			ZI	P	

#### 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

-	SEP 11	12	13	14	15	
1 <sup>ST</sup> SCHOOL MONTH	18	19	20	21	22	
(Sep 11-Oct 6)	25	26	27	28	29	
TUITION #1	OCT 2	3	4	5	6	
	9	10	11	12	13	
2 <sup>nd</sup> SCHOOL MONTH	16	17	18	19	20	
(Oct 9-Nov 3)	23	24	25	26	27	
TUITION #2	30	31	NOV 1	2	3	
	6	7	8	9	10	
3 <sup>rd</sup> SCHOOL MONTH	13	14	15	16	17	
(Nov 6-Dec 1)	20	21	22	23	24	
TUITION #3	27	28	29	30	DEC 1	
	4	5	6	7	8	
4 <sup>th</sup> SCHOOL MONTH	11	12	13	14	15	
(Dec 4-Dec 29)	18	19	20	21	22	
TUITION #4	25	26	27	28	29	
	JAN 1	2	3	4	5	
5 <sup>TH</sup> SCHOOL MONTH	8	9	10	11	12	
(Jan 1-Jan 26)	15	16	17	18	19	
TUITION #5	22	23	24	25	26	
	29	30	31	FEB 1	2	
6 <sup>th</sup> SCHOOL MONTH	5	6	7	8	9	
(Jan 29-Feb 23)	12	13	14	15	16	
TUITION #6	19	20	21	22	23	
	26	27	28	29	MAR 1	
7 <sup>th</sup> SCHOOL MONTH	4	5	6	7	8	
(Feb 26-Mar 22)	11	12	13	14	15	
TUITION #7	18	19	20	21	22	
	25	26	27	28	29	
8 <sup>th</sup> SCHOOL MONTH	APR 1	2	3	4	5	
(Mar 25-Apr 19)	8	9	10	11	12	
TUITION #8	15	16	17	18	19	
	22	23	24	25	26	
9 <sup>TH</sup> SCHOOL MONTH	29	30	MAY 1	2	3	
(Apr 22-May 17)	6	7	8	9	10	
TUITION #9	13	14	15	16	17	
	20	21	22	23	24	
10 <sup>TH</sup> SCHOOLMONTH	27	28	29	30	31	
(May 20-June 14)	JUN 3	4	5	6	7	
TUITION #10	10	11	12	13	14	
		Annual Company of the			Lacron service de la company de la compa	Language and the second

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 read and understand all forms (including the Parent Handboreceived from Arcadia Montessori School.	_, I have ook)
Parents Signature	
Date	