

Montessori School of Central Marin

2015-2016 APPLICATION FOR ENROLLMENT

317 Auburn Street, San Rafael, CA 94901 (415) 456-1748 Web: montessoricentralmarin.org
Director: Doris Barbieri

Dear Parents,

We would like to thank you for trusting your child's education to us. We feel honored to be part of your child's upbringing and cherish this experience deeply. We also wish to welcome you to the upcoming 2015-2016 school year at Montessori School of Central Marin, which will begin on Tuesday, August 25th.

As the school year approaches, there are forms that need to be on file prior to your child's attendance. Please complete and return the forms found in this package. The completion of the forms found in the Enrollment Package is both a licensing requirement of the State of California as well as Montessori School of Central Marin policy and must be on file in order for your child to attend.

Please note, that the \$500 non-refundable deposit, used to secure your child's placement, will be applied towards your first tuition payment for the 2015-2016 school year. Therefore, please deduct \$500 from your first tuition installment.

The following forms, included in this package, need to be completed and returned by Wednesday, July 1st:

- Application for Enrollment Form
- Admission Agreement
- Child's Preadmission Health History - Parent's Report
- Physician's Report (2 pages)
- Immunization Record* or Personal Beliefs Exemption Form
- Identification and Emergency Information Form
- Consent for Emergency Medical Treatment
- Notification of Parent's Rights
- Personal Rights Form
- Full Signature Acknowledgement: Sign-In/Sign-Out Policy
- Parent Participation Form
- Acknowledgment of Parent Handbook
- Blue Emergency Card

The following is also enclosed for your information:

- 2015-2016 Tuition and Payment Information
- 2015-2016 School Calendar

**Immunization Record must be produced after May 30th as Immunization Records are only valid for one year.*

Please let me know if you have any questions.

Sincerely,

Doris Barbieri

Montessori School of Central Marin

2015-2016 APPLICATION FOR ENROLLMENT: ENROLLMENT FORM

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Director: Doris Barbieri

I hereby request space for my child for the program specified below. I enclose a non-refundable deposit of \$500, which will be applied to the first tuition payment.

Child's Name: _____ Age: _____ Birthdate: _____

Place of Birth: _____ Race/Ethnicity: _____ Gender: _____

PROGRAMS (Beginning Tuesday, August 25th, 2015)

Half Day (3 hours) 9:00 am - 12:00 pm 12:00 pm - 3:00 pm

Extended Day (6 hours) 9:00 am - 3:00pm 12:00 pm - 6:00 pm

Daycare Program 7:00 am - 6:00 pm

Number of Days Per Week 2 Days (T-Th) 3 Days (M-W-F) 5 Days

I wish to pay tuition in: 10 installments (Aug - May) 9 installments (Sep - May)

tuition in full (due Sept 1st)

Parent's Name: _____

Relation to Child: _____ Occupation: _____

Address: _____ Zip: _____

Day Phone: _____ Cell Phone: _____

Email Address: _____

Parent's Name: _____

Relation to Child: _____ Occupation: _____

Address: _____ Zip: _____

Day Phone: _____ Cell Phone: _____

Email Address: _____

Parent/Guardian Signature: _____

Date: _____

I grant permission for the school to publish my child's picture for school promotional purposes only. _____

Room # (to be completed by Director): _____

Montessori School of Central Marin

2015-2016 APPLICATION FOR ENROLLMENT: ADMISSION AGREEMENT

317 Auburn Street, San Rafael, CA 94901 (415) 456-1748 Web: montessoricentralmarin.org
Director: Doris Barbieri

PLEASE READ AND INITIAL EACH STATEMENT

CHILD'S NAME: _____ BIRTHDATE: _____

I grant permission for my child to use all the play equipment and to participate in all school activities. _____

I grant permission for my child to leave the premises under the supervision of a staff member for scheduled field trips in an authorized vehicle. I am aware that I will be notified at least one (1) week in advance and that a signed permission form is required for each excursion. _____

I have received and read the PARENT HANDBOOK and understand that it is part of the ADMISSION AGREEMENT. I agree to comply with the rules concerning admittance, attendance, sick children, arrivals and departures, drop-off and pick-up times, absences, finances, parent involvement, and all other items specified. _____

I grant permission for the school to take whatever steps may be necessary to obtain emergency medical care as specified in the PARENT HANDBOOK. I have completed a BLUE EMERGENCY CARD and agree to inform the school immediately of any changes in the information contained on the card. _____

I am aware that my child must be SIGNED-IN UPON ARRIVAL AND SIGNED-OUT UPON DEPARTURE BY AN AUTHORIZED ADULT. Failure to do so will result in charges being assessed. I understand that I have the right to visit and observe the school at any time my child is in attendance. _____

I understand the licensing agency, California State Department of Social Services, shall have the authority to interview clients, and to inspect client or facility records without prior consent. The agency shall have the authority to observe the physical condition of clients, including conditions which could indicate abuse, neglect, or inappropriate placement. I understand that I have the right to call or write the licensing agency if fault is found in the operation of the facility or the treatment of my child. _____

I agree to notify the school 30 days in advance of withdrawal or pay the difference. The school retains the right to terminate enrollment in the event of non-compliance with school policies, rules, or regulations. _____

I am aware of scheduled holidays and no school/daycare only days. _____

I have received a current tuition schedule and agree to comply with all stated rules regarding fee, finances, and tuition. I understand that no basic rate or policy changes will take place without at least 30 days written notice. _____

I understand tuition for my child for the 2015-2016 school year is \$ _____. _____

I understand the Materials/Books Fee for the 2015-2016 school year is \$ _____.
This fee is due in full with the first tuition installment. _____

I understand that my child's tuition is due on the 1st of each month with a grace period until the 5th of each month and that failure to pay tuition and/or the materials/books fee by the due dates may result in a late charge (\$25 late fee) and/or my child being suspended from the school. I also understand that in the event my child is suspended, a tuition deposit may be requested for readmission. _____

I understand that my signature on this form constitutes a contractual agreement.

Parent Signature: _____ Date: _____

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER 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
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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?
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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
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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: _____ Date of Physical Exam: _____
 Address: _____ Date This Form Completed: _____
 Telephone: _____ Signature _____

Physician Physician's Assistant Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
- * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- * Live in out-of-home placements.
- * Have, or are suspected to have, HIV infection.
- * Live with an adult with HIV seropositivity.
- * Live with an adult who has been incarcerated in the last five years.
- * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- * Have abnormalities on chest X-ray suggestive of TB.
- * Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.



PERSONAL BELIEFS EXEMPTION TO REQUIRED IMMUNIZATIONS



STUDENT NAME (LAST, FIRST, MIDDLE)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE MONTH DAY YEAR ____ / ____ / _____	TELEPHONE NUMBER
PARENT/GUARDIAN – NAME		ADDRESS	

A. AUTHORIZED HEALTH CARE PRACTITIONER LICENSED IN CALIFORNIA – FILL OUT THIS SECTION

I am a (check one): M.D./D.O. Nurse Practitioner Physician Assistant Naturopathic Doctor Credentialed School Nurse

Provision of information: I have provided the parent or guardian of the student named above, the adult who has assumed responsibility for the care and custody of the student, or the student if an emancipated minor, with information regarding 1) the benefits and risks of immunization and 2) the health risks to the student and to the community of the communicable diseases for which immunization is required in California (immunizations listed in Table below).

Signature of authorized health care practitioner

Date - within 6 months before entry to child care or school

Practitioner name, address, telephone number:

B. PARENT OR GUARDIAN – FILL OUT THESE SECTIONS

I. Check one of the boxes below:

- Receipt of information:** I have received information provided by an authorized health care practitioner regarding 1) the benefits and risks of immunization and 2) the health risks to the student named above and to the community of the communicable diseases for which immunization is required in California (immunizations listed in Table below).
- Religious beliefs:** I am a member of a religion which prohibits me from seeking medical advice or treatment from authorized health care practitioners. (Signature of a health care practitioner not required in Part A.)

Signature of parent or guardian

Date - within 6 months before entry to child care or school

II. AFFIDAVIT

Immunizations already received: I have provided the child care or school with a record of all immunizations the student has received that are required for admission (California Health and Safety Code §120365).

Immunizations for which exemption is requested: An unimmunized student and the student’s contacts at school and home are at greater risk of becoming ill with a vaccine-preventable disease. I understand that an unimmunized student may be excluded from attending school or child care during an outbreak of, or after exposure to, any of these diseases for the protection of the student and others (17 CCR §6060). I hereby request exemption of the student named above from the required immunizations checked below because such immunization is contrary to my beliefs.

School Category	Table of Required Immunizations – Check box(es) to request exemption.
Child Care Only	<input type="checkbox"/> Haemophilus influenzae type b (Hib meningitis)
Child Care and K-12 th Grade	<input type="checkbox"/> DTaP (Diphtheria, Tetanus, Pertussis [whooping cough]) <input type="checkbox"/> Hepatitis B <input type="checkbox"/> MMR (Measles, Mumps, Rubella) <input type="checkbox"/> Polio <input type="checkbox"/> Varicella (Chickenpox)
7 th Grade Advancement (or admission at 7-12 th Grade)	<input type="checkbox"/> Tdap (Tetanus, reduced Diphtheria, Pertussis [whooping cough])

Signature of parent or guardian

Date

The California Department of Public Health places strict controls on the gathering and use of personally identifiable data. Personal information is not disclosed, made available, or otherwise used for purposes other than those specified at the time of collection, except with consent or as authorized by law or regulation. The Department’s information management practices are consistent with the Information Practices Act (Civil Code Section 1798 et seq.), the Public Records Act (Government Code Section 6250 et seq.), Government Code Sections 11015.5 and 11019.9, and with other applicable laws pertaining to information privacy.

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					BUSINESS TELEPHONE ()
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME					BUSINESS TELEPHONE ()
LAST					MIDDLE
FIRST					HOME TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME					BUSINESS TELEPHONE ()
LAST					MIDDLE
FIRST					HOME TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD				HOME TELEPHONE ()	BUSINESS TELEPHONE ()
LAST NAME				MIDDLE	FIRST

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

- CALL EMERGENCY HOSPITAL
 OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ DATE

_____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

_____ HOME ADDRESS

HOME PHONE
()

WORK PHONE
()

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: Community Care Licensing Peninsula Regional Office

Licensing Office Address: 801 Trager Avenue, San Bruno, CA 94066

Licensing Office Telephone #: 650-266-8843

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 995 (9/08)

(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.

Montessori School of Central Marin

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

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:

Department of Social Services, Community Care Licensing

NAME

Peninsula Regional Office

ADDRESS

801 Trager Avenue, Ste. 100

CITY

San Bruno

ZIP CODE

94066

AREA CODE/TELEPHONE NUMBER

650-266-8843

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)

Montessori School of Central Marin

(PRINT THE ADDRESS OF THE FACILITY)

317 Auburn Street, San Rafael, CA 94901

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

Montessori School of Central Marin

APPLICATION FOR ENROLLMENT

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Full Signature Acknowledgement: Sign-In/Sign-out Policy

The State of California, Health and Human Services Agency, Department of Social Services require that a parent or authorized representative sign their child in and out each with a full signature. Initials are not acceptable.

101229.1 Sign In and Sign Out

(a) In addition to the sign-in procedure requirement of Section 101226.1 (b), the licensee shall develop, maintain and implement a written procedure to sign the child in/out of the School that shall, at the minimum, including the following:

(2) The person who signs the child in/out shall use his/her full legal signature and shall record the time of day.

(b) The person who brings the child to, and removes the child from, the School shall sign the child in/out.

(c) A person who removes the child from the School during the day, and returns the child to the School the same day, shall sign the child in/out.

Community Care Licensing review facility records during their visits. At the time of the visit, the Sign-In/Sign-Out logs are also reviewed. If it is found that parents are not properly signing-in/signing-out their children, a deficiency notice is given to the Center. Civil Penalties of \$50.00 per day are assessed if violations continue after the citation date. Should our School be fined by Licensing for a violation of this regulation, the appropriate amount of the fine will be billed to the violating parent.

Child's Name: _____

Parent/Authorized Representative Name: _____

Parent/Authorized Representative Signature: _____

Date: _____

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Parent Participation Form

CHILD'S NAME: _____

PARENT'S NAME: _____

Each family, as part of this school community is required to give eight hours of time for one child or twelve hours for two children per school year. The following is a list of activities that can be used toward your commitment. With the exception of fieldtrips, all other activities are worth the time given. Please complete the form below and return.

- Driver for Field Trips (1.5 hours regardless of fieldtrip length)
- Room Parent
- Classroom Presentations (religion, heritage, or other topic relating to curriculum)
- Chair Committee Positions (please see board for details regarding positions)
- Setup for School Events
- Classroom Materials - minor construction and/or restoration
- Carpentry - small repairs
- Saturday work parties: playground/outdoor maintenance (planting, minor repairs)
- Landscaping
- Because of time restraints, I am unable to make the time commitment. Enclosed is \$150 to cover this commitment.

If you are unable to make the time commitment due to time restraints, then a charge of \$150.000 is applied at the end of the school year.

Parent Signature

Date

Montessori School of Central Marin

APPLICATION FOR ENROLLMENT: Acknowledgement of Receipt of Family Handbook

317 Auburn Street, San Rafael, CA 94901 (415) 456-1748 Web: montessoricentralmarin.org
Director: Doris Barbieri

Acknowledgement of Receipt of Family Handbook

Dear Parent(s)/Guardian(s):

Please read and sign this agreement.

I hereby acknowledge that I have received the FAMILY HANDBOOK. I hereby agree to uphold the rules and regulation of the MONTESSORI SCHOOL OF CENTRAL MARIN as spelled out in the FAMILY HANDBOOK.

Signature of Parent or Guardian

Date

Montessori School of Central Marin

2015-2016 APPLICATION FOR ENROLLMENT: TUITION PAYMENT INFORMATION

317 Auburn Street, San Rafael, CA 94901 (415) 456-1748 Web: montessoricentralmarin.org
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Montessori School of Central Marin offers the following 3 payment plans and sibling discount:

PLAN TYPE	PAYMENT SCHEDULE	PLAN DESCRIPTION
Plan A	In Full	Payment (tuition and books/materials fee) is due by September 1 st , 2015. A 5% discount is offered to those who elect to pay tuition in full.
Plan B	10 Payments	Beginning in August 1 st 2015, ten (10) monthly payments will be due on the 1 st of each month through May 2016. The books and materials fee is due with the September payment.
Plan C	9 Payments	Beginning in September 1 st 2015, nine (9) monthly payments will be due on the 1 st of each month through May 2016. The books and materials fee is due with the first payment in September.
Sibling Discount		A sibling discount of 10% can be deducted from the eldest child's tuition.

In order to assist you with the amount due each month with payment plans B and C, you will receive a tuition booklet as a reference for the payment amount associated with your child(ren)'s attendance. This booklet will be mailed in the early summer of 2015.

For tuition plans B and C, tuition is due on the 1st of each month with a grace period until the 5th of each month. After the 5th of each month, a \$25 late fee will be assessed.

The individual(s) signing the Student Enrollment Agreement is/are solely responsible for payment of tuition, fees, and all incidental charges. The School will not attempt to collect payment from any other source(s).

You may also receive a monthly invoice for any incidental fees (daycare hours, late charges, etc.) you have incurred at the beginning of each month.

Montessori School of Central Marin

2015-2016 APPLICATION FOR ENROLLMENT: TUITION

317 Auburn Street, San Rafael, CA 94901 (415) 456-1748 Web: montessoricentralmarin.org
Director: Doris Barbieri

2015-2016 School Year Tuition

Application Fee (Due with application, non-refundable)	\$100
Sibling Discount (Second Child)	10 % of Tuition Enrollment
Deposit (applied to Tuition)	\$500

Work Commitment - Work commitment of eight hours per child or twelve hours for two children, per year, or a payment of \$150 per child for those who cannot fulfill the work commitment.

Toddler Program (2-3 years old) Books and Materials Fee

Half Day: 9:00 am - 12:00 pm <u>or</u> 12:00 pm - 3:00 pm	
5 Days: \$10,000	\$200
3 Days: \$7,000	\$150
2 Days: \$5,250	\$100

Extended Day: 9:00 am - 3:00 pm <u>or</u> 12:00 pm or 6:00 pm	
5 Days: \$12,000	\$200
3 Days: \$8,500	\$150
2 Days: \$7,000	\$100

Day Care: 7:00 am - 6:00 pm (school in session from 9:00 am - 3:00 pm)	
5 Days: \$14,000	\$200
3 Days: \$10,000	\$150
2 Days: \$8,000	\$100

Preschool Program (3-5 years old)

Half Day: 9:00 am - 12:00 pm <u>or</u> 12:00 pm - 3:00 pm	
5 Days: \$9,750	\$200
3 Days: \$6,750	\$150
2 Days: \$5,000	\$100

Extended Day: 9:00 am - 3:00 pm <u>or</u> 12:00 pm - 6:00 pm	
5 Days: \$11,750	\$200
3 Days: \$8,250	\$150
2 Days: \$6,750	\$100

Day Care: 7:00 am - 6:00 pm (school in session from 9:00 am - 3:00 pm)	
5 Days: \$13,750	\$200
3 Days: \$10,250	\$150
2 Days: \$8,250	\$100

Other Fees:

Books and Materials Fee.....	due with 1 st tuition payment
Day Care Charges	\$9.00 /hour
Late Pick Up (after 6:00 pm)	\$5/5 minutes
Late Payment Fee	\$25

Montessori School of Central Marin

2015 – 2016 CALENDAR

August 20	Open House, 10:00 am to 11:30 am - Adults & Children
August 24	Teacher Work Day: No School/No Daycare
August 25	First Day of School
September 3	Back to School Night Orientation: 7:00 - 8:00 pm <u>Adults only</u>
September 7	Labor Day: No School/No Daycare
September 11	Potluck: 6:00 - 8:00 pm, Adults & Children
September 23	Picture Day: 9 am
September 24	Picture Day (Makeup): 9 am
October 12	Columbus Day: No School/No Day Care
October 21	Parent Education: Montessori in the Classroom 6:00 - 7:00 pm
October 24	Garden Party: 9:00 am - Noon
October 30	Halloween Parade & Party: 11:00 am
November 2-24	Parent Observation Days
November 11	Veterans Day: No School/No Daycare
November 19	Parent Education: <i>Positive Discipline (Part I)</i> 5:00 pm - 6:00 pm
November 25	Thanksgiving Potluck Luncheon, 11:30 am - 12:00 Noon
November 26-27	Thanksgiving: No School/No Daycare
December 10-11	Scholastic Book Fair
December 11	Parent Conferences: No School/Day Care Available
December 18	Winter Concert & Potluck: 6:00 pm - 8:00 pm
December 21 - January 1	Winter Break: No School/No Daycare Dec. 23, 24, 25, 31 and Jan. 1 No School/Daycare Available Dec. 21, 22, 28, 29, 30
January 4	Teacher Work Day: No School/No Daycare
January 5	First Day of School after Winter Break
January 13	Fathers' or Special Friends' Night: 6:00 pm - 7:00 pm
January 18	Martin Luther King Jr. Day: No School/No Day Care
January 20	Vision Screening: 9:00 am
February 12	Valentine's Day Party: 11:00 am - 11:30 am
February 15 & 19	Presidents' Days: No School/No Daycare
February 25	Parent Education: <i>Positive Discipline (Part II)</i> 5:00 pm - 6:00 pm
March 10	Parent Education: <i>Montessori in the Home</i> 6:00 pm - 7:00 pm
March 12	Family Garden Party, 9:00 am- 12:00 pm
March 17	St. Patrick's Day Luncheon: 12:00 pm - 12:30 pm
March 19	St. Jude's Trike-A-Thon
March 25	Egg Hunt: 11:00 am
April 1 - 28	Parent Observation Days
April 7-15	Scholastic Book Fair
April 11-15	Spring Break: No School/ Daycare Available
April 23	Work Party: 9:00 am - 1:00 pm
April 29	Parent Conference: No School/Daycare Available
May 6	Mother's Tea: 11:00 am
May 30	Memorial Day: No School/No Daycare
June 2	Graduation & International Potluck: 6:00pm - 8:30 pm
June 3	Last Day of School: Pajama Day
June 6	School Holiday: No School/No Daycare
June 7	Summer School Begins

Note: Fun Lunch is served on Tuesdays and Thursdays

Sharing day is every Wednesday, please refer to the monthly calendar to see corresponding letter of the week.

(Dates subject to change with two weeks notice)