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 2020-2021 school year at Montessori School of Central Marin, which will begin on Tuesday, September 1st.

As the school year approaches, there are forms that need to be on file prior to your child’s attendance. The completion of the forms found in the Enrollment Package are 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.

The $500 non-refundable deposit used to secure your child’s placement will be applied towards your child’s tuition. This deposit will be deducted from either your last tuition installment for the 2020-2021 school year on May 1, 2021 or on September 1, 2020 if tuition is given in one payment.

The following forms, included in this package, need to be completed and returned at least 30 days prior to your child’s first day of attendance.

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

*Physician’s Report and Immunization Record are only valid ONE YEAR from date of exam.

Please let me know if you have any questions.

Sincerely,

Doris Barbieri
I hereby request space for my child for the program specified below. I enclose a non-refundable application fee of $100 and a tuition deposit of $500, which will be applied to the last tuition payment for the 2020-21 school year.

Child’s Name: _______________________________ Age: _____ Birthdate: ________________

Place of Birth: ___________________ Race/Ethnicity: _______________ Gender: __________

PROGRAMS FOR THE 2020-2021 SCHOOL YEAR
September 1, 2020 to May 28, 2021

- 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 (full day)   □ 7:00 am - 6:00 pm

When would you like your child to start at MSCM?
□ Fall Term (Sept. 1st start)   □ Spring Term (Jan 4th start)   □ Other: ____________________________

If we are unable to accommodate your child for the term and/or program you requested, would you like to remain on the waitlist until a space becomes available? Yes □ No □

I wish to pay tuition in: □ 9 monthly installments (Sep - May) □ 1 installment (due Sept 1)

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: ________________________

To be completed by Director: Date Received: _______ Deposit __________ Enrollment Package □ Room No _____
Child’s Name: __________________________         Birthdate:___________________________

Childcare History:
Has your child attended a childcare environment out of your home? Yes □   No □
   Full time or part time? ___________ How many children at program/care center? ___________
Has your child been in the care of a nanny or caretaker other than family before? Yes □   No □

Nap Time:
Does your child nap at home? Yes □   No □   If yes, for how long? ______________________________
Please indicate if your child uses any of the following for comfort, while taking a nap?
   □ pacifier   □ bottle   □ sippy cup   □ blanket   □ lovey   □ other: __________________________
Has your child napped away from home/parents before? Yes □   No □

Lunch and Snack Time:
Does your child have food allergies? Yes □   No □   Is this allergy life threatening? Yes □   No □
If yes, please describe: ________________________________________________________________
Does your child have any dietary restrictions? Yes □   No □
   Vegetarian? Yes □   No □   Vegan? Yes □   No □   □ other: _______________________________________
Does your child use any of the following at meal time?
   Fork or spoon? Yes □   No □   High chair? Yes □   No □   A cup? With lid □   without lid □

Potty Habits:
Does your child wear diapers/pull ups? Yes □   No □   Other:________________________________________
Does your child use a potty chair or adult toilet? _____________________________________________
If your child is potty trained, does he/she need a pull-up/diaper at nap? Yes □ _________ No □

Your Child:
Please give us a brief description of your child to help us become familiar with his/her: Is there
anything we should know about your child? Ex: likes/dislikes, does he/she put things in their mouth,
any fears (people, noises, etc.), behavior when upset, and any other thoughts or concerns for the
coming year?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Montessori School of Central Marin
2020 - 2021 CALENDAR

August 19  Welcome-to-School Orientation, 10:00 am to 12:00 pm - For children & in their parents in the 3 days per week program or 5 day per week program*
August 20  Welcome-to-School Orientation, 10:00 am to 12:00 pm - For children & their parents in the 2 days per week program or 5 day per week program*
  *Children enrolled in the 5 day per week program may attend the Back-to-School Orientation either Aug 19 or 20, the same information will be shared both days.
August 31  Teacher Work Day: No School/No Daycare

September 1  First Day of School
September 7  Labor Day: No School/No Daycare
September 9  Back to School Night Orientation: 7:00 - 8:00 pm  Adults only
September 18  Back to School Potluck: 6:00 - 8:00 pm, Adults & Children

October 17  Family Gardening Party: 9:00 am- 12:00 pm
October 19  Teacher Work Day: No School/No Daycare
October 22  Parent Education: Montessori in the Classroom 5:00 - 6:00 pm
October 30  Halloween Parade & Party: 10:00 am

November 2-30  Parent Observation Days
November 11  Veterans Day Observed: No School/No Daycare
November TBD  Picture Day: To Be Determined
November 18  Parent Education: Positive Discipline (Part I) 5:00 pm - 6:00 pm
November TBD  Picture Day Make up Day: To Be Determined
November 25  Thanksgiving Potluck Luncheon, 12:00 - 12:30 pm
November 26-27  Thanksgiving: No School/No Daycare

December 10-11  Scholastic Book Fair
December 11  Pastries with Parents: 8 am - 9:30 am
December 11  Parent Conferences: No School/Day Care Available
December 17  Winter Concert & Potluck: 6:00 pm - 8:00 pm
December 18  Teacher Work Day: No School/No Daycare
December 23 - January 1  Winter Break: No School/No Daycare December 23, 24, 25, 31 and January 1
  No School/Daycare Available December 21, 22, 28, 29, 30

January 4  First Day of School after Winter Break
January 18  Martin Luther King Jr. Day: No School/No Daycare
January 20  Fathers’ or Special Friends’ Night: 5:00 pm - 6:00 pm
TBD  Vision Screening: 9:00 am

February 10  Parent Education: Positive Discipline (Part II) 5:00 pm - 6:00 pm
February 12  Valentine’s Day Party: 10:00 am - 11:00 am
February 15 & 19  Presidents’ Days: No School/No Daycare

March 3  Parent Education: Montessori in the Home 5:00 pm - 6:00 pm
March 13  Family Gardening Party: 9:00 am- 12:00 pm
March 17  St. Patrick’s Day Luncheon: 12:00 pm - 12:30 pm

April 1-30  Parent Observation Days
April 2  Egg Hunt: 10:45 am - Children only
April 1-9  Scholastic Book Fair
April 2  Pastries with Parents: 8 am - 9:30 am
April 5-9  Spring Break: No School/ Daycare Available
April 17  Work Party (Volunteer Opportunity): 9:00 am - Noon
April 30  Parent Conference: No School/Daycare Available

May 7  Mother’s Tea: 3:00 pm
May 31  Memorial Day: No School/No Daycare

June 3  Graduation & International Potluck: 6:00 pm - 8:30 pm
June 4  Last Day of School: Pajama Day
June 7  Teacher Work Day: No School/No Daycare
June 8  Summer Program Begins

Note: Fun Lunch is served on Tuesdays and Thursdays
Sharing day is every Wednesday, please refer to the monthly calendar for the corresponding letter of the week.
(Dates subject to change with two weeks notice) Revised 1/27/20
Montessori School of Central Marin
2020-2021 APPLICATION FOR ENROLLMENT: TUTION PAYMENT INFORMATION
317 Auburn Street, San Rafael, CA  94901  (415) 456-1748  Web: montessoricentralmarin.org
Director: Doris Barbieri

Montessori School of Central Marin offers the following 2 payment plans and sibling discount:

<table>
<thead>
<tr>
<th>PLAN TYPE</th>
<th>PAYMENT SCHEDULE</th>
<th>PLAN DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan A</td>
<td>In Full</td>
<td>Payment (tuition and books/materials fee) is due by September 1st, 2020. A 5% discount is offered to those who elect to pay tuition in full.</td>
</tr>
<tr>
<td>Plan B</td>
<td>9 Monthly Payments</td>
<td>Beginning in September 1st 2020, nine (9) monthly payments will be due on the 1st of each month through May 2021. The books and materials fee is due with the September payment.</td>
</tr>
<tr>
<td>Sibling Discount</td>
<td></td>
<td>A sibling discount of 10% can be deducted from the eldest child’s tuition.</td>
</tr>
</tbody>
</table>

Details Regarding Payment Plan B:
In order to assist you with the amount due each month with tuition plan B, you will receive a monthly invoice from our online communication and payment platform, Curacubby.

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

Additional Considerations:
The parent/guardian(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.

Deposit Policy:
Please note, the $500 non-refundable deposit used to secure your child’s placement will be applied towards your child’s tuition for the 2020-2021 school year.
  - Plan A: The deposit will be deducted from the one tuition payment due on September 1, 2020.
  - Plan B: This deposit will be deducted from your last tuition installment for the 2020-2021 school year on May 1, 2021.
## Montessori School of Central Marin

### 2020-2021 APPLICATION FOR ENROLLMENT: TUITION

#### 2020-2021 School Year Tuition

**Tuesday, September 1, 2020 to May 28, 2021**

**Toddler Program (2-2.5/3) years old**

<table>
<thead>
<tr>
<th>Days</th>
<th>Tuition</th>
<th>Books and Materials Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Days</td>
<td>$13,125</td>
<td>$200</td>
</tr>
<tr>
<td>3 Days</td>
<td>$9,660</td>
<td>$150</td>
</tr>
<tr>
<td>2 Days</td>
<td>$7,350</td>
<td>$100</td>
</tr>
</tbody>
</table>

**Extended Day: 9:00 am - 3:00 pm or 12:00 pm - 6:00 pm**

<table>
<thead>
<tr>
<th>Days</th>
<th>Tuition</th>
<th>Books and Materials Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Days</td>
<td>$16,065</td>
<td>$200</td>
</tr>
<tr>
<td>3 Days</td>
<td>$11,550</td>
<td>$150</td>
</tr>
<tr>
<td>2 Days</td>
<td>$9,975</td>
<td>$100</td>
</tr>
</tbody>
</table>

**Day Care: 7:00 am - 6:00 pm (school in session from 9:00 am - 3:00 pm)**

<table>
<thead>
<tr>
<th>Days</th>
<th>Tuition</th>
<th>Books and Materials Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Days</td>
<td>$18,375</td>
<td>$200</td>
</tr>
<tr>
<td>3 Days</td>
<td>$13,440</td>
<td>$150</td>
</tr>
<tr>
<td>2 Days</td>
<td>$11,130</td>
<td>$100</td>
</tr>
</tbody>
</table>

**Preschool Program (2.5/3-5 years old)**

<table>
<thead>
<tr>
<th>Days</th>
<th>Tuition</th>
<th>Books and Materials Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Days</td>
<td>$12,810</td>
<td>$200</td>
</tr>
<tr>
<td>3 Days</td>
<td>$9,450</td>
<td>$150</td>
</tr>
<tr>
<td>2 Days</td>
<td>$7,140</td>
<td>$100</td>
</tr>
</tbody>
</table>

**Extended Day: 9:00 am - 3:00 pm or 12:00 pm - 6:00 pm**

<table>
<thead>
<tr>
<th>Days</th>
<th>Tuition</th>
<th>Books and Materials Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Days</td>
<td>$15,750</td>
<td>$200</td>
</tr>
<tr>
<td>3 Days</td>
<td>$11,340</td>
<td>$150</td>
</tr>
<tr>
<td>2 Days</td>
<td>$9,765</td>
<td>$100</td>
</tr>
</tbody>
</table>

**Day Care: 7:00 am - 6:00 pm (school in session from 9:00 am - 3:00 pm)**

<table>
<thead>
<tr>
<th>Days</th>
<th>Tuition</th>
<th>Books and Materials Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Days</td>
<td>$18,060</td>
<td>$200</td>
</tr>
<tr>
<td>3 Days</td>
<td>$13,230</td>
<td>$150</td>
</tr>
<tr>
<td>2 Days</td>
<td>$10,920</td>
<td>$100</td>
</tr>
</tbody>
</table>

**Sibling Discount**

10% deducted from Eldest Sibling’s Tuition

MC3: We accept the weekly payment schedule from Marin Child Care Council

### Other Fees for the 2020-2021 School Year

- **Application Fee (Due with application; non-refundable)**: $100
- **Deposit (Applied to 2020-2021 tuition)**: $500
- **Books and Materials Fee (Based on program)**: Due on September 1st
- **Volunteer Commitment**: Commitment of eight hours per child or twelve hours for two or more children, per year, or a payment of $160 per child for those who cannot fulfill the volunteer commitment.

### Fees Billed Monthly

- **Day Care Charges**: $12.00/hour
- **Late Pick Up (after 6:00 pm)**: $5/5 minutes
- **Missed Check In/Out Fee**: $30/per missed
- **Late Payment Fee**: $25
Montessori School of Central Marin ADMISSION AGREEMENT

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 the school to publish my child’s picture for MSCM’s promotional purposes.
Yes □ No □ ______

I grant permission for the school to share my family’s contact information (email and phone number) with other MSCM families through the Family Directory to facilitate contact with other families.
Yes □ No □ ______

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’s tuition is due on the 1st of each month with a grace period until the 5th of the 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: ______________________
# IDENTIFICATION AND EMERGENCY INFORMATION

## CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

<table>
<thead>
<tr>
<th>CHILD'S NAME</th>
<th>LAST</th>
<th>MIDDLE</th>
<th>FIRST</th>
<th>SEX</th>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>NUMBER</td>
<td>STREET</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP</td>
</tr>
</tbody>
</table>

FATHER/GUARDIAN/SFATHER'S DOMESTIC PARTNER'S NAME:

<table>
<thead>
<tr>
<th>LAST</th>
<th>MIDDLE</th>
<th>FIRST</th>
<th>BUSINESS TELEPHONE ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME ADDRESS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUMBER</td>
<td>STREET</td>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

MOTHER/GUARDIAN/SMOTHER'S DOMESTIC PARTNER'S NAME:

<table>
<thead>
<tr>
<th>LAST</th>
<th>MIDDLE</th>
<th>FIRST</th>
<th>BUSINESS TELEPHONE ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME ADDRESS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUMBER</td>
<td>STREET</td>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

PERSON RESPONSIBLE FOR CHILD:

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>MIDDLE</th>
<th>FIRST</th>
<th>HOME TELEPHONE ( )</th>
<th>BUSINESS TELEPHONE ( )</th>
</tr>
</thead>
</table>

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>TELEPHONE</th>
<th>RELATIONSHIP</th>
</tr>
</thead>
</table>

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

<table>
<thead>
<tr>
<th>PHYSICIAN</th>
<th>ADDRESS</th>
<th>MEDICAL PLAN AND NUMBER</th>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DENTIST</td>
<td>ADDRESS</td>
<td>MEDICAL PLAN AND NUMBER</td>
<td>TELEPHONE</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
</tr>
</thead>
</table>

**TIME CHILD WILL BE CALLED FOR**

**SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE**  
**DATE**

**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE**

**DATE OF ADMISSION**  
**DATE LEFT**

**LIC 700 (8/08)(CONFIDENTIAL)**
**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?**

**DATE OF LAST PHYSICAL/MEDICAL EXAMINATION**

**STATE OF CALIFORNIA–HEALTH AND HUMAN SERVICES AGENCY**

**CHILD’S NAME**

**SEX**

**BIRTH DATE**

**DOES FATHER/FATHER’S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?**

**DOES MOTHER/MOTHER’S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?**

**DATE OF LAST PHYSICAL/MEDICAL EXAMINATION**

**IS/HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?**

**DEVELOPMENTAL HISTORY**

(For infants and preschool-age children only)

**WALKED AT**

**BEGAN TALKING AT**

**TOILET TRAINING STARTED AT**

**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Chicken Pox</td>
<td>Diabetes</td>
<td>Poliomyelitis</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>Epilepsy</td>
<td>Ten-Day Measles (Rubeola)</td>
<td></td>
</tr>
<tr>
<td>Rheumatic Fever</td>
<td>Whooping cough</td>
<td>Three-Day Measles (Rubella)</td>
<td></td>
</tr>
<tr>
<td>Hay Fever</td>
<td>Mumps</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS.**

**DOES CHILD HAVE FREQUENT COLD(S)?**

**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?**

**BREAKFAST**

**WHAT ARE USUAL EATING HOURS?**

**LUNCH**

**BREAKFAST**

**DINNER**

**WORD USED FOR "BOWEL MOVEMENT"**

**WHAT IS USUAL TIME?**

**ARE BOWEL MOVEMENTS REGULAR?**

**WHAT IS USUAL TIME?**

**IS CHILD TOILET TRAINED?**

**IF YES, AT WHAT STAGE?**

**ARE BOWEL MOVEMENTS REGULAR?**

**WORD USED FOR URINATION**

**IF YES, AT WHAT STAGE?**

**WHAT IS USUAL TIME?**

**IS CHILD PRESENTLY UNDER A DOCTOR’S CARE?**

**IF YES, NAME OF DOCTOR**

**DOES CHILD TAKE PRESCRIBED MEDICATIONS?**

**IF YES, WHAT KIND AND ANY SIDE EFFECTS:***

**DOES CHILD USE ANY SPECIAL DEVICE(S)?**

**IF YES, WHAT KIND:***

**DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?**

**IF YES, WHAT KIND:***

**PARENT’S EVALUATION OF CHILD’S HEALTH**

**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**

**LIC 702 (8/08) (CONFIDENTIAL)**
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 _______________________________. This Child Care Center/School provides a program which extends from _____ : _____ 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.)  

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DATE EACH DOSE WAS GIVEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st</td>
</tr>
<tr>
<td>POLIO (OPV OR IPV)</td>
<td>/</td>
</tr>
<tr>
<td>DTP/DTaP/DT/d</td>
<td>/</td>
</tr>
<tr>
<td>MMR (MEASLES, MUMPS, AND RUBELLA)</td>
<td>/</td>
</tr>
<tr>
<td>Hib meningitis (HAEMOPHILUS B)</td>
<td>/</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>/</td>
</tr>
<tr>
<td>Varicella (CHICKENPOX)</td>
<td>/</td>
</tr>
</tbody>
</table>

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  

LIC 701 (9/08) (Confidential) PAGE 1 OF 2
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 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  ZIP CODE  AREA CODE/TELEPHONE NUMBER
San Bruno  94066  650-266-8843

TO:  PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

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:

Montessori School of Central Marin  317 Auburn Street, San Rafael, CA 94901

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(LIC #3A (8/08))
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

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
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

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR
__________________________________________________ . THIS CARE MAY BE GIVEN UNDER

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
( )
Dear Parents,

This letter is to inform you that there will be children with severe food allergies to peanuts and tree nuts during the 2020-2021 school year. Nuts include, but are not limited to: walnut, almond, hazelnut, cashew, pistachio, pecan, and brazil nuts. In order to avoid any risk, the entire school will be completely nut-free and peanut-free for the 2020-2021 school year.

It is important that there is strict avoidance of these foods in order to prevent a life-threatening allergic reaction. We are asking your help to provide all our children with a safe school environment.

Please know that any exposure to peanuts and nuts may cause a life-threatening allergic reaction that requires emergency medical treatment. To reduce the chance of this occurring, we are asking that you do not send any peanut or nut containing products to school with your child that will be eaten in the classroom or that will be shared during birthday celebrations and school gatherings.

If your child has eaten peanuts or nuts before coming to school please be sure your child’s hands and face have been thoroughly washed with soap & water before entering the school.

We appreciate your support of these procedures. Kindly complete and return the bottom portion of this form so we are certain that you have reviewed this information.

Please contact me if you have any questions. Thank you very much for keeping all of our students healthy and safe for the upcoming school year.

Sincerely,

Doris Barbieri
Director

2020-2021 Food Allergy Acknowledgement

I have read and understand MSCM’s Peanut and Nut Free School policy. I agree to do my part in keeping the school peanut and nut free.

Child(ren)’s Name(s): __________________________________________________________
Parent’s Name: ________________________ Parent’s Signature __________________________
Date ______________________________
Montessori School of Central Marin
2020-2021 APPLICATION FOR ENROLLMENT

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.

We charge $30 per missed check in or check 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: ____________________________
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.

___ Chaperone/Driver for Field Trips (credit hours equal to field trip length)
___ Room Parent
___ Classroom Presentations (cultural, religious holidays, 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 (growing, minor repairs)
___ Landscaping

If you are unable to make the volunteer commitment due to time restraints, then a charge of $160, or the prorated amount, is applied at the end of the school year.

__________________________________________________________  _______________________
Parent Signature…………………………………………………………… Date
Montessori School of Central Marin  
2020-2021 APPLICATION FOR ENROLLMENT

Acknowledgement of Receipt of Family Handbook

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