

# Montessori School of Central Marin

## 2024-2025 APPLICATION FOR ENROLLMENT

317 Auburn Street, San Rafael, CA 94901 (415) 456-1748 Web: [montessoricentralmarin.org](http://montessoricentralmarin.org)  
Director: Jennifer Esterman

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 2024-2025 school year at Montessori School of Central Marin, which will begin on Monday, August 26<sup>th</sup>.

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 refundable deposit used to secure your child's placement will be applied towards your child's tuition. This deposit will be deducted from our last tuition installment for the 2024-2025 school year on May 1, 2025.

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\*
- \_\_\_ 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

*\*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,

*Jennifer Esterman*

# Montessori School of Central Marin

## 2024-2025 APPLICATION FOR ENROLLMENT

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Director: Jennifer Esterman

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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 2024-25 school year. **\$500 deposit is refundable if application is withdrawn 60(+) days prior to enrollment start date.**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

### PROGRAMS FOR THE 2024-2025 SCHOOL YEAR

August 26, 2024 to June 5, 2025

Daycare  7:30 am - 5:30 pm

School Day  9:00 am - 3:00 pm

Number of Days Per Week  3 Days (\_\_, \_\_, \_\_)  4 Days (\_\_, \_\_, \_\_, \_\_)  5 Days (M-F)

**When would you like your child to start at MSCM?**

Fall Term (Aug. 26<sup>th</sup> start)  Spring Term (Jan 7<sup>th</sup> 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

Parent's Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*To be completed by Director:* Date Received: \_\_\_\_\_ Deposit \_\_\_\_\_ Enrollment Package  Room No \_\_\_\_\_

# Montessori School of Central Marin

## 2024-2025 APPLICATION FOR ENROLLMENT

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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?

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# 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, closures, 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 the IDENTIFICATION AND EMERGENCY INFORMATION FORM 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 60 days in advance of withdrawal prior to enrollment start date to receive deposit refund. I agree to notify the school 30 days in advance if currently attending or pay the tuition 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 2024-2025 school year is \$ \_\_\_\_\_. \_\_\_\_\_

I understand the Materials/Books Fee for the 2024-2025 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 1<sup>st</sup> of each month with a grace period until the 5<sup>th</sup> 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**

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

### 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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### 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)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (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

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**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.

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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

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)

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

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

LIC 995 (8/08)

(Detach Here - Give Upper Portion to Parents)

### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

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

LIC 995 (9/08)

# 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  
( )

# Montessori School of Central Marin

2024-2025 APPLICATION FOR ENROLLMENT

## PEANUT & NUT FREE SCHOOL ACKNOWLEDGMENT

Dear Parents,

This letter is to inform you that there will be children with severe food allergies to peanuts and tree nuts during the 2024-2025 school year. Nuts include, but are not limited to: peanut, 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 2024-2025 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,

Jennifer Esterman  
Director

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### 2024-2025 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

2024-2025 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 \$25 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 \$100.00 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:** \_\_\_\_\_

# Montessori School of Central Marin

2024-2025 APPLICATION FOR ENROLLMENT

## Parent Participation Form

CHILD'S NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

Each family, as part of this school community, is strongly encouraged to participate throughout the school year. The following is a list of activities where parents and caregivers can participate in school functions.

- 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)
- Setup for School Events
- Classroom Materials - minor construction and/or restoration
- Carpentry - small repairs
- Saturday work parties: playground/outdoor maintenance (gardening, minor repairs)
- Landscaping

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Parent Signature

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Date

# Montessori School of Central Marin

2024-2025 APPLICATION FOR ENROLLMENT

Acknowledgement of Receipt of Family Handbook

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## 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

## 2024-2025 APPLICATION FOR ENROLLMENT: TUITION PAYMENT INFORMATION

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

PLAN TYPE	PAYMENT SCHEDULE	PLAN DESCRIPTION
Monthly	9 Monthly Payments	Beginning in September 1 <sup>st</sup> 2024, nine (9) monthly payments will be due on the 1 <sup>st</sup> of each month through May 2025. The books and materials fee is due with the September payment.
Sibling Discount		A sibling discount of 10% can be deducted from the eldest child's tuition.

### Details Regarding Monthly Payment Plan:

In order to assist you with the tuition amount due each month, you will receive a monthly invoice from our online communication and payment platform, Brightwheel.

Tuition is due on the 1<sup>st</sup> of each month with a 5 day grace period. After the 5<sup>th</sup> 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, that the \$500 refundable deposit used to secure your child's placement will be applied towards your child's tuition for the 2024-2025 school year.

- This deposit will be deducted from your last tuition installment for the 2024-2025 school year on May 1, 2025 or may be rolled over when re-enrolling for the 2025-26 school year

We accept payments from Marin Child Care Council. Parent fee and/or tuition difference (amount not paid by Marin Child Care Council) is due on the 1<sup>st</sup> of each month.



# Montessori School of Central Marin

317 Auburn Street, San Rafael, CA 94901  
 p: (415) 456-1748 f: (415) 456-7179 e: MSCMOfficeAssistant@gmail.com  
 Director: Jennifer Esterman

## 2024-2025 School Year Tuition August 26, 2024 to June 5, 2025

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

Day Care: 7:30 am - 5:30 pm		
5 Days: \$21,600 (\$2,400 per month)		\$200
4 Days: \$19,125 (\$2,125 per month)		\$175
3 Days: \$16,695 (\$1,855 per month)		\$150
School Day: 9:00 am - 3:00 pm		
5 Days: \$18,360 (\$2,040 per month)		\$200
4 Days: \$16,290 (\$1,810 per month)		\$175
3 Days: \$14,220 (\$1,580 per month)		\$150

### Preschool Program (3-5 years old) Books and Materials Fee

Day Care: 7:30 am - 5:30 pm		
5 Days: \$21,330 (\$2,370 per month)		\$200
4 Days: \$18,900 (\$2,100 per month)		\$175
3 Days: \$16,380 (\$1,820 per month)		\$150
School Day: 9:00 am - 3:00 pm		
5 Days: \$18,090 (\$2,010 per month)		\$200
4 Days: \$16,110 (\$1,790 per month)		\$175
3 Days: \$14,040 (\$1,560 per month)		\$150

#### Other Fees for the 2024-2025 School Year

Application Fee (Due with application; non-refundable) .....	\$100
Deposit (Applied to 2024-2025 tuition) .....	\$500
Books and Materials Fee (Based on program) .....	due on September 1 <sup>st</sup>

#### Fees Billed Monthly

Extra Day of Care (those enrolled for 3 or 4 days per week).....	\$115 per day
Day Care Charges .....	\$15.00 /hour
Late Pick Up (after 5:30 pm) .....	\$5/5 minutes
Missed Check In/Out Fee .....	\$25/per missed
Late Arrival Fee (after 9am) .....	\$5/per day
Late Payment Fee .....	\$25/ per late payment

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

# Montessori School of Central Marin

2024 - 2025 CALENDAR

**TBD**