

# Montessori School of Central Marin

## 2019-2020 APPLICATION FOR RE-ENROLLMENT

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

Dear Parents,

This time of year marks the re-enrollment process at Montessori School of Central Marin. 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 2019-2020 school year at Montessori School of Central Marin, which will begin on Tuesday, August 27<sup>th</sup>.

In order to facilitate the re-enrollment process, we will offer appointments during the last two weeks of February where you can turn in your forms, have us look them over, and make sure your child's file is complete. To make the most of this time, please fill out the included forms prior to your appointment. A sign-up sheet has been placed on the front board for 25-minute appointments on Tuesday, February 19<sup>th</sup> and Thursday, February 21<sup>st</sup>, as well as a limited number of afternoon sessions from 2 - 4 pm from February 19<sup>th</sup> - 28<sup>th</sup>. The completion of the forms found in the Re-Enrollment Package is both a licensing requirement of the State of California as well as the School's policy.

When looking at enrollment for the upcoming year we consider applications in the following order of priority: (1) current students, (2) siblings of students, and (3) new students. We will reserve a space for current students until February 28<sup>th</sup>. After this date, spaces will be opened to new families and your child's placement will no longer be guaranteed.

Please note, the \$500 non-refundable deposit will be used to secure your child's placement in the upcoming school year. This deposit will be deducted from either your last tuition installment for the 2019-2020 school year on May 1, 2020 or on September 1, 2019 if tuition is given in one payment.

Enclosed in this package you will need to complete the following:

- Application for Re-Enrollment Form
- Admission Agreement
- Identification and Emergency Information Form
- Physician's Report (2 pages)
- Immunization Record\*
- Consent for Emergency Medical Treatment
  
- Peanut & Nut Free School Acknowledgment
- Full Signature Acknowledgement: Sign-In/Sign-Out Policy
- Parent Participation Form
- Blue Emergency Card (to be completed at Re-Enrollment appointment)

The following is also enclosed for your information:

- 2019-2020 Tuition and Payment Information
- 2019-2020 School Calendar

*\*Immunization Record due after June 5<sup>th</sup> as Immunization Records are only valid for one year.*

Please let me know if you have any questions.

Sincerely,  
*Doris Barbieri*

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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 last tuition payment for the 2019-18 school year.

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

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

### PROGRAMS FOR THE 2019-2020 SCHOOL YEAR

August 27, 2019 to June 5, 2020

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

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

I wish to pay tuition in:  9 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 \_\_\_\_\_ Re- Enrollment Package  Room No \_\_\_\_\_*

# 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 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 2019-2020 school year is \$ \_\_\_\_\_. \_\_\_\_\_

I understand the Materials/Books Fee for the 2019-2020 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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**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.

# 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

2019-2020 APPLICATION FOR RE-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 2019-2020 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 2019 - 2020 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

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### 2019-2020 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

2019-2020 APPLICATION FOR RE-ENROLLMENT

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

The State of California, Health and Human Services Agency, Department of Social Services requires 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:** \_\_\_\_\_

# Montessori School of Central Marin

2019-2020 APPLICATION FOR RE-ENROLLMENT

## 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 (gardening, 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

## 2019-2020 APPLICATION FOR RE-ENROLLMENT: TUITION PAYMENT INFORMATION

Montessori School of Central Marin offers the following 2 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 <sup>st</sup> , 2019. A 5% discount is offered to those who elect to pay tuition in full.
Plan B	9 Monthly Payments	Beginning in September 1 <sup>st</sup> 2019, nine (9) monthly payments will be due on the 1 <sup>st</sup> of each month through May 2020. 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 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 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 non-refundable deposit used to secure your child's placement will be applied towards your child's tuition for the 2019-2020 school year.

- **Plan A:** The deposit will be deducted from the one tuition payment due on September 1, 2019.
- **Plan B:** This deposit will be deducted from your last tuition installment for the 2019-2020 school year on May 1, 2020.

# Montessori School of Central Marin

## 2019-2020 APPLICATION FOR ENROLLMENT: TUITION

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

### 2019-2020 School Year Tuition Tuesday, August 27, 2019 to June 5, 2020

#### 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: \$12,500		\$200
3 Days: \$9,200		\$150
2 Days: \$7,000		\$100
Extended Day: 9:00 am - 3:00 pm <u>or</u> 12:00 pm or 6:00 pm		
5 Days: \$15,300		\$200
3 Days: \$11,000		\$150
2 Days: \$9,500		\$100
Day Care: 7:00 am - 6:00 pm (school in session from 9:00 am - 3:00 pm)		
5 Days: \$17,500		\$200
3 Days: \$12,800		\$150
2 Days: \$10,600		\$100

#### Preschool Program (3-5 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: \$12,200		\$200
3 Days: \$9,000		\$150
2 Days: \$6,800		\$100
Extended Day: 9:00 am - 3:00 pm <u>or</u> 12:00 pm - 6:00 pm		
5 Days: \$15,000		\$200
3 Days: \$10,800		\$150
2 Days: \$9,300		\$100
Day Care: 7:00 am - 6:00 pm (school in session from 9:00 am - 3:00 pm)		
5 Days: \$17,200		\$200
3 Days: \$12,600		\$150
2 Days: \$10,400		\$100

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 2019-2020 School Year

Application Fee (Due with application; non-refundable) .....	\$100
Deposit (Applied to 2019-2020 tuition) .....	\$500
Books and Materials Fee (Based on program).....	due on September 1 <sup>st</sup>
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
Late Payment Fee .....	\$25

# Montessori School of Central Marin

## 2019 - 2020 CALENDAR

August 21	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 22	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 22 or 23, the same information will be shared both days.
August 26	<b>Teacher Work Day: No School/No Daycare</b>
August 27	<b><u>First Day of School</u></b>
September 2	<b>Labor Day: No School/No Daycare</b>
September 4	Back to School Night Orientation: 7:00 - 8:00 pm <u>Adults only</u>
September 13	Potluck: 6:00 - 8:00 pm, Adults & Children
October 14	<b>Teacher Work Day: No School/No Daycare</b>
October 19	Work Party (Volunteer Opportunity): 9:00 am - Noon
October 23	Parent Education: Montessori in the Classroom 5:00 - 6:00 pm
October 31	Halloween Parade & Party: 10:00 am
TBA	Picture Day
TBA	Picture Day Make Up Day
November 1-29	Parent Observation Days
November 11	<b>Veterans Day Observed: No School/No Daycare</b>
November 13	Parent Education: <i>Positive Discipline (Part I)</i> 5:00 pm - 6:00 pm
November 27	Thanksgiving Potluck Luncheon, 12:00 - 12:30 pm
November 28-29	<b>Thanksgiving: No School/No Daycare</b>
December 5-6	Scholastic Book Fair
December 6	Parent Conferences: No School/Day Care Available
December 19	Winter Concert & Potluck: 6:00 pm - 8:00 pm
December 20	<b>Teacher Work Day: No School/No Daycare</b>
December 23 - January 3	<b>Winter Break: No School/No Daycare December 23, 24, 25, 31 and January 1</b> No School/Daycare Available December 26, 27, 30 and January 2, 3
January 6	First Day of School after Winter Break
January 20	<b>Martin Luther King Jr. Day: No School/No Daycare</b>
January 22	Fathers' or Special Friends' Night: 5:00 pm - 6:00 pm
TBA	Vision Screening: 9:00 am
February 5	Parent Education: <i>Positive Discipline (Part II)</i> 5:00 pm - 6:00 pm
February 14	Valentine's Day Party: 10:00 am - 11:00 am
February 17 & 21	<b>Presidents' Days: No School/No Daycare</b>
March 4	Parent Education: <i>Montessori in the Home</i> 5:00 pm - 6:00 pm
March 7	Family Gardening Day: 9:00 am- 12:00 pm
March 17	St. Patrick's Day Luncheon: 12:00 pm - 12:30 pm
April 3	Egg Hunt: 10:45 am - <i>Children only</i>
April 1-30	Parent Observation Days
April 2-10	Scholastic Book Fair
April 6-10	<b>Spring Break: No School/ Daycare Available</b>
April 25	Volunteer Work Day: 9:00 am - 1:00 pm
May 1	<b>Parent Conference: No School/Daycare Available</b>
May 8	Mother's Tea: 3:00 pm
May 25	<b>Memorial Day: No School/No Daycare</b>
June 4	Graduation & International Potluck: 6:00pm - 8:30 pm
June 5	<b>Last Day of School: Pajama Day</b>
June 8	<b>Teacher Work Day: No School/No Daycare</b>
June 9	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 1/2/2019