

Montessori School of Central Marin

2020-2021 APPLICATION FOR RE-ENROLLMENT

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

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

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. 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 28th. 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 2020-2021 school year on May 1, 2021 or on September 1, 2020 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:

- 2020-2021 Tuition and Payment Information
- 2020-2021 School Calendar

**Immunization Record due after June 5th as Immunization Records are only valid for one year.*

Please let me know if you have any questions.

Sincerely,
Jennifer Esterman

Montessori School of Central Marin

2020-2021 APPLICATION FOR ENROLLMENT

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

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

- Daycare 8:00 am - 5:00 pm
- Number of Days Per Week 3 Days (M-W-F) 5 Days
- Distance Learning \$500 per month \$750 per month

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)

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 _____

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 2020-2021 school year is \$ _____. _____

I understand the Materials/Books Fee for the 2020-2021 school year is \$ _____. _____
This fee is due in full with the first tuition installment.

I understand that my child's tuition is due on the 1st of each month with a grace period until the 5th of 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) (REQUIRED FOR CHILD CARE ONLY)	/ /	/ /	/ /	/ /	
HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /	/ /	
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	

SCREENING OF TB RISK FACTORS (listing on reverse side)
 Risk factors not present; TB skin test not required.
 Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
 ___ Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

Physician Physician's Assistant Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

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

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

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

2020-2021 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 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,

Jennifer Esterman
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 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.

We charge families \$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: _____

Montessori School of Central Marin

2020-2021 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

2020-2021 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 Unavailable until further notice	Payment (tuition and books/materials fee) is due by September 1 st , 2020. A 5% discount is offered to those who elect to pay tuition in full.
Plan B	9 Monthly Payments	Beginning in September 1 st 2020, nine (9) monthly payments will be due on the 1 st of each month through May 2021. The books and materials fee is due with the September payment.
Sibling Discount Unavailable until further notice		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 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, that 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

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

2020-2021 School Year Tuition Tuesday, September 1, 2020 to May 28, 2021

Toddler Program (2-2.5/3) years old Books and Materials Fee

	Day Care: 8:00 am - 5:00 pm	
5 Days: \$19,728		\$200
3 Days: \$15,246		\$150

Preschool Program (2.5/3-5 years old) Books and Materials Fee

	Day Care: 8:00 am - 5:00 pm	
5 Days: \$19,413		\$200
3 Days: \$15,030		\$150

Distance Learning

3 Zoom Meetings per week
(Lesson Plan emailed with Spanish Lesson weekly)

Option 1: \$500
Option 2: \$750

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 1 st

Fees Billed Monthly

Day Care Charges	\$12.00 /hour
Late Pick Up (after 5:00 pm)	\$5/5 minutes
Missed Check In/Out Fee	\$30/per missed
Late Payment Fee	\$25/ per late payment

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

Montessori School of Central Marin

2020 - 2021 CALENDAR

August 19	Virtual Welcome-to-School Orientation, 10:00 am to 12:00 pm - For children & in their parents (Held via Zoom)
August 31	Teacher Work Day: No School/No Daycare
September 1	<u>First Day of School</u>
September 7	Labor Day: No School/No Daycare
October 19	Teacher Work Day: No School/No Daycare
October 22	Parent Education: Montessori in the Classroom 5:00 - 6:00 pm (via Zoom)
October 30	Halloween Dress Up Day (Children Only)
November 2-30	Parent Observation Days (via Zoom)
November 11	Veterans Day Observed: No School/No Daycare
November TBD	Picture Day: To Be Determined
November 18	Parent Education: <i>Positive Discipline (Part I)</i> 5:00 pm - 6:00 pm (via Zoom)
November TBD	Picture Day Make up Day: To Be Determined
November 25	Thanksgiving Potluck Luncheon, 12:00 - 12:30 pm (Children Only)
November 26-27	Thanksgiving: No School/No Daycare
December 11	Parent Conferences: No School/Day Care Available (via Zoom)
December 17	Winter Concert & Potluck: To Be Determined
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
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 To Be Determined
TBD	Vision Screening: 9:00 am
February 10	Parent Education: <i>Positive Discipline (Part II)</i> 5:00 pm - 6:00 pm To Be Determined
February 12	Valentine's Day Party: 10:00 am - 11:00 am To Be Determined
February 15 & 19	Presidents' Days: No School/No Daycare
March 3	Parent Education: <i>Montessori in the Home</i> 5:00 pm - 6:00 pm To Be Determined
March 13	Family Gardening Party: 9:00 am- 12:00 pm To Be Determined
March 17	St. Patrick's Day Luncheon: 12:00 pm - 12:30 pm To Be Determined
April 1-30	Parent Observation Days To Be Determined
April 2	Egg Hunt: 10:45 am - <i>Children only To Be Determined</i>
April 1-9	Scholastic Book Fair To Be Determined
April 2	Pastries with Parents: 8 am - 9:30 am To Be Determined
April 17	Work Party (Volunteer Opportunity): 9:00 am - Noon To Be Determined
April 30	Parent Conference: No School/Daycare Available To Be Determined
May 7	Mother's Tea: 3:00 pm To Be Determined
May 31	Memorial Day: No School/No Daycare
June 3	Graduation & International Potluck: 6:00pm - 8:30 pm To Be Determined
June 4	<u>Last Day of School:</u> 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 8/26/20

Montessori School of Central Marin

2020-2021 APPLICATION FOR ENROLLMENT

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

Updated Tuition Agreement (Beginning July 1, 2020)

The school operates year-round. Tuition covers the nine months of the academic school year. Tuition for the 3 months of the summer program is separate. Tuition for both programs is updated annually.

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

- In Full: We will not be offering the annual tuition option until further notice
- In 9 Payments: Beginning in September 1st, nine (9) monthly payments will be due on the 1st of each month through May. The books and materials fee is due with the first payment in September.
- Sibling Discount: We will not be offering a sibling discount until further notice

In addition to the tuition you will be responsible for the following fees which are outlined in the tuition document distributed online and each year. You will receive an invoice for any incidental fees at the beginning of each month:

- Books and Materials Fee
- Late Pickup Fee (Any time after closing)
- Late Payment Fee
- Change of Program Fee

Change of program fee is \$25.00 per change of program.

Tuition installments are due the first of the month and are delinquent after the fifth of the month. A late fee of \$25.00 is billed after the 5th(fifth) of the month.

Enrollment is not extended past the month for which payment is not received. In the case of failure to pay tuition installment(s), the balance(s) will be sent to an outside collection agency. Enrollment may be re-established through a re-enrollment application and the full application fee.

Payments not honored by the bank incur a \$25.00 return fee. Replacement payment must be secured (money order or cashier's check). Re-occurrence of un-honored tuition payment requires secured payment (money order or cashier's check) in future payments.

Tuition installment payments are not adjusted due to illness, vacation, or other absences from School.

Late Enrollment Tuition

The formula for calculating the late enrollment tuition is the academic tuition divided by the total number of school days times the number of days of your child's projected attendance. This dollar figure represents the prorated use of educational services. This amount is paid either in full or over the remaining installment months with the remaining tuition due at the beginning of the enrollment. The Books and Materials fee is prorated to half the regular amount. The Application fee is not prorated.

Tuition in the Case of Withdrawal

Refund of tuition is made on a prorated basis when thirty days written notice of withdrawal is given before April 30th. The formula for calculating the tuition refund is the academic tuition divided by the total number of school days times the number of days of your child's attendance. This dollar figure represents the prorated use of educational services. This amount is subtracted from payments already made. Refunds are issued within one week of your child's last day of school.

Books and Materials and Application Fee are not refunded or prorated.

Tuition in the Case of School Closure

In cases of school closure, due to natural disaster and/or unforeseen/uncontrollable circumstance (including but not limited to: earthquake, fire, smoke, flood, PSPS, pandemic or otherwise), MSCM will not issue partial refunds. If the school is closed mid-month, we will not prorate tuition for the time closed. If the closure is extensive (beyond the month of the initial closure), we will require a \$500 or 25% fee (whichever is greater), per student, per month, as a retainer for your child to maintain enrollment in MSCM once the school reopens.

Dismissal

The Montessori School reserves the right to dismiss a child who is not suited to our individualized program, who is not benefiting from the school environment, or who exhibits inappropriate behavior patterns. Inappropriate behavior patterns include biting, pinching, punching, etc. of children or teachers. The family is legally liable for any damage done to property or to another person. Further, a child is dismissed if the family member(s) exhibits abusive or disrespectful behavior to children or adults at the School.

By signing below, you acknowledge the highlighted update above.

Name: _____ Date: _____

Signature: _____