

# Montessori School of Central Marin

## 2026-2027 APPLICATION FOR RE-ENROLLMENT

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

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 2026-2027 school year at Montessori School of Central Marin, which will begin on Tuesday, August 25<sup>th</sup>, 2026.

In order to facilitate the re-enrollment process, we will offer appointments during the month of January 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 January 31<sup>st</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 refundable deposit from the 2026-27 school year, may be rolled over and used to secure your child's placement in the upcoming school year. This deposit will be deducted from your last tuition installment for the 2026-2027 school year on May 1, 2027.

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\*
- \_\_\_ Immunization Record\*
- \_\_\_ Consent for Emergency Medical Treatment
  
- \_\_\_ Peanut & Nut Free School Acknowledgment
- \_\_\_ Full Signature Acknowledgement: Sign-In/Sign-Out Policy
- \_\_\_ Parent Participation Form

*\*Physician's Reports and Immunization Records are only valid for ONE YEAR from the date of exam.*

Please let me know if you have any questions.

Sincerely,

*Criselda Thomas*

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Director: Criselda Thomas

I hereby request space for my child for the program specified below. The tuition deposit of \$500, which will be applied to the last tuition payment for the 2026-27 school year, will be provided via check or rolled over from the previous year.

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

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

### PROGRAMS FOR THE 2026-2027 SCHOOL YEAR

August 25, 2026 to June 3, 2027

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. 25<sup>th</sup> start)  Spring Term (Jan 5<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 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 (after enrollment start date) or pay the tuition difference. The school retains the right to terminate enrollment in the event of non-compliance with school policies, rules, regulations or any other reason. \_\_\_\_\_

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 2026-2027 school year is \$ \_\_\_\_\_, \$ \_\_\_\_\_ per month. \_\_\_\_\_

I understand the Materials/Books Fee for the 2026-2027 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

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

DATE OF ADMISSION

DATE LEFT

**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

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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

2026-2027 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 2026-2027 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 2026-2027 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,

Criselda Thomas  
Director

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### 2026-27 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

## 2026-2027 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 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

2026-2027 APPLICATION FOR RE-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

2026-2027 APPLICATION FOR RE-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

## 2026-2027 APPLICATION FOR RE-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> 2026, nine (9) monthly payments will be due on the 1 <sup>st</sup> of each month through May 2027. 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 during the time both children attend.

### 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 2025-2026 school year.

- This deposit will be deducted from your last tuition installment for the 2026-2027 school year on May 1, 2027 or may be rolled over when re-enrolling for the 2027-28 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: Criselda Thomas

## 2026-2027 School Year Tuition August 25, 2026 to June 3, 2027

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

Day Care: 7:30 am - 5:30 pm		
5 Days: \$23,850 (\$2,650 per month)		\$200
4 Days: \$21,105 (\$2,345 per month)		\$175
3 Days: \$18,405 (\$2,045 per month)		\$150
School Day: 9:00 am - 2:45 pm		
5 Days: \$20,250 (\$2,250 per month)		\$200
4 Days: \$17,955 (\$1,995 per month)		\$175
3 Days: \$15,705 (\$1,745 per month)		\$150

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

Day Care: 7:30 am - 5:30 pm		
5 Days: \$23,535 (\$2,615 per month)		\$200
4 Days: \$20,835 (\$2,315 per month)		\$175
3 Days: \$18,045 (\$2,005 per month)		\$150
School Day: 9:00 am - 2:45 pm		
5 Days: \$19,935 (\$2,215 per month)		\$200
4 Days: \$17,775 (\$1,975 per month)		\$175
3 Days: \$15,525 (\$1,725 per month)		\$150

#### Other Fees for the 2026-2027 School Year

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

#### Fees Billed Monthly

Extra Day of Care (those enrolled for 3 or 4 days per week).....	\$125/per day
Day Care Charges .....	\$15/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

## 2026 - 2027 CALENDAR

August TBD	Welcome-to-School Orientation 5:30pm-6:30pm
August 21 & 24	<b>Teacher Work Day: No School/No Daycare</b>
August 25	First Day of School 2026-27
September 7	<b>Labor Day: No School/No Daycare</b>
September 16	Parent Education: Montessori in the Classroom 5:30-6:30pm
October TBD	Picture Day
October TBD	Oakland Zoo Field Trip
October 3	Work Party (Adults only): 9:00 am - 12 Noon
October 12	<b>Indigenous People's Day: No School/No Daycare</b>
October 21	Parent Education: Montessori in the Home 5:30-6:30pm
October 30	Halloween Party & Parade
November 2 - 24	Parent Observation Days (via Zoom)
November 11	<b>Veterans Day Observed: No School/No Daycare</b>
November 20	Thanksgiving Potluck Luncheon, 12:00 - 12:30 pm
November 25 - 28	<b>Thanksgiving Break: No School/No Daycare</b>
December TBD	Winter Book Fair
December 11	Parent Conference by appointment: <b>No School/No Daycare</b> (care offered during conference only)
December 18	Winter Concert 3:30 - 5:00pm
December 21 - Jan.4	<b>Winter Break: No School/No Daycare</b>
January 4	<b>Teacher Work Day: No School/No Daycare</b>
January 5	First Day of School after Winter Break (First day of Spring 2027)
January 11	<b>Re-Enrollment for current students / Priority Enrollment for siblings (2027-28 School Year)</b>
January 18	<b>Martin Luther King Jr. Day: No School/No Daycare</b>
February TBD	Picture Day
February 1	<b>Enrollment Opens to New Families (2027-28 School Year)</b>
February 3	Parent Education: <i>Positive Discipline</i> 5:30 pm - 6:30 pm
February 12	Valentine's Day Party: 10:00 am - 11:00 am
February 15 & 19	<b>Presidents' Days: No School/No Daycare</b>
March 1 - 31	Parent Observation Days (via Zoom)
March 17	St. Patrick's Day Luncheon: 12:00 pm - 12:30 pm
March 19	Spring Egg Hunt: 10:45 am - <i>Children only</i>
March 20	Gardening Party: 9:00 am- 12:00 pm (Adults Only)
April TBD	Spring Book Fair
April 16	Parent Conference by appointment: <b>No School/No Daycare</b> (care offered during conference only)
May TBD	Angel Island Field Trip
May 7	Mother's Day Tea: 3:30 pm
May 31	<b>Memorial Day: No School/No Daycare</b>
June 2	Graduation
June 3	<b>Last Day of School: Pajama Day</b>
June 4 & 7	<b>Teacher Work Day: No School/No Daycare</b>
June 8	Summer Program Begins

Note: Fun Lunch is served on Fridays

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 11/13/25