

# **Danville Montessori School**

919 CAMINO RAMON • DANVILLE, CA 94526-4903 • PHONE (925) 838 - 7434 • FAX (925) 838 - 2692

EMAIL - danmontschool@gmail.com    www.danmont.com

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**Dear Parents,**

**Thank you for selecting Danville Montessori School for your child's early childhood educational needs. This is a very important period in your child's young life and the learning that takes place during this time will last a lifetime.**

**Attached you will find the registration forms necessary to complete your child's enrollment process. Although these forms may ask very detailed information, it enables the School to better meet your child's individual and unique needs. Of particular importance are the forms that authorize those individuals to pick-up your child from the School, health immunization, and emergency medical treatment. Please note all pertinent telephone contact numbers, including cell-phone numbers and e-mail addresses. Please complete all forms, sign where applicable, and return the entire enrollment package as promptly as possible. If you have any questions regarding any of the forms, please feel free to ask the School director for assistance. Once again, a sincere thank you for selecting Danville Montessori School for your child's early childhood educational needs.**

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## ENROLLMENT AGREEMENT PAGE 1 OF 5

### PARTIES TO AGREEMENT

This Enrollment Agreement ("Agreement") is entered into between Danville Montessori School (the "School") and the Parent(s)/Guardian(s) listed on page 5 of this Agreement. All references to "You" or "Your" refer, both collectively and singularly, to the Parent(s)/Guardian(s) of the child(ren) enrolled at Danville Montessori School. The effective date of this agreement is the latter most date following the signatures on page 5 of this Agreement.

### INITIAL ENROLLMENT REQUIREMENTS

For initial enrollment at Danville Montessori School the following is due to secure enrollment: One Month tuition deposit (for each child enrolling), \$50.00 registration fee (one time-per family) and yearly material fee of \$150.00 (per child – due every September). The tuition deposit for initial enrollment will be used in lieu of tuition during the child's last month of attendance, per written 30-day notice of enrollment withdrawal (see pg.3).

### TUITION PAYMENT

Tuition is due and payable on the first day of each new month. There is an allowed grace period for tuition payment until the 5th of the month. There are no make-up days or refunds for attendance absences due to holidays (School and/or legal), illness/sickness, personal days, off-days or vacation days.

### SERVICES PROVIDED

The School will provide childcare and educational services for the agreed upon attendance schedule. The School will provide morning and afternoon snacks. Parents will provide the lunch meal.

### HOURS OF OPERATION

Hours of operation are from 7:30 A.M. to 5:30 P.M., Monday through Friday, approximately 49 weeks a year. Classes begin promptly at 9:00 A.M. We kindly ask that if You are late bringing Your child to School in the morning, to please use the rear entrance as quietly as possible so as not to disturb the classroom activities.

### LATE, RETURN CHECK, AND CHARGE-BACK CHARGES

Tuition payments are late if not received by the 5th of each new month. Payments received on or after the 6th of each month will be subject to a \$7.50 charge per day that tuition is late. The only exception to this policy is when the 5th of the month falls on a weekend. In this case, tuition payment is late if not received by the next regular business day. Return check and charge-back charges are \$35.00 per transaction. The daily late pick-up charge rate is \$5.00 per minute/per child, based on the official School clock for children who are picked up after 5:30pm and are payable to Danville Montessori School. Any charges within this section shall include all necessary costs of collection and reasonable attorney's fees for collection.

### SIGN-IN/SIGN-OUT SHEETS

The State of California state regulatory agency (Community Care Licensing) requires that student sign in/out sheets be completed daily by the parent/guardian responsible for dropping off/picking up the child to/from School. Please be sure to provide Your full signature (not initials) and the correct time when dropping off/picking up Your child from School. We are required to provide these daily attendance records to Community Care Licensing upon

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request of inspection. Community Care Licensing can issue a fine to the School for as much as \$50.00 or more per occurrence if it is found that a parent has not signed the sign-in/out sheet correctly. If this occurs, that fine will be charged to the applicable parent. Please take the time to sign the in/out sheet correctly. It is the parent's responsibility to inform any person dropping or picking up Your child of this requirement.

### **ALTERNATE PICK-UP/DROP OFF**

If someone other than a parent will be picking up/dropping off Your child (who is not currently on Your emergency pick-up list), the School needs to be notified preferably by writing or by phone or in person that such person will be allowed with Your permission to pick up/drop off Your child. The School will need the name of such person so that when they arrive we are able to verify identity through a government issued identification card such as a driver's license or passport. Please note that late pick-up charges also apply to anyone that is designated to pick-up a child by a parent. The daily late pick-up charge rate is \$5.00 per minute/per child, based on the official School clock for children who are picked up after 5:30pm and are payable to Danville Montessori School.

### **SCHOOL HOLIDAYS**

The School observes the following holidays: New Year's Day, January Parent-Teacher conference day, Martin Luther King's Jr. Birthday, President's Day, Spring Break Week, Memorial Day, June Parent-Teacher conference day, Independence Day, Teacher Work Day (two days at the end of August), Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day and the day after Thanksgiving Day. The School is also closed from the Saturday preceding Christmas Day until the Monday following New Year's Day. There will be signs posted as a reminder for parents to allow ample notice that the School will be closed on the holidays which are listed above. Please take note that we are closed for one day during our bi-annual parent-teacher conference days which occur in January and June. If there is any confusion regarding School holidays, please refer to the yearly holiday schedule that is available to parents. Please note that if a holiday falls on an attendance day, there are no makeup days allowed of any kind for any missed attendance day or schedule.

### **VACATION-PERSONAL HOLIDAYS**

All parents vacation days, holidays (School and/or legal), personal days, off days, or sick days must be paid as School operations are open and ongoing all year. Children who will be missing School for one month or longer due to an extended-vacation; parents are asked to speak with the program director about tuition payment schedules. Please note that there are no makeup days allowed of any kind for any missed attendance day or schedule.

### **SCHOOL SICK POLICY**

If Your child has become sick with an infectious or contagious illness and is exhibiting signs and/or symptoms such as a high-grade fever, diarrhea, nausea, cough and/or cold lasting longer than 1 week, the child needs to be kept home until he/she has been symptom free for at least 24 hours before returning to School. If Your child has been sick for two or more weeks due to illness, Your child will not be re-admitted to School without a doctor's written authorization permitting such actions. Please note that if a holiday falls on an attendance day, there are no makeup days allowed of any kind for any missed attendance day or schedule.

### **STUDENT ILLNESS**

If Your child, in the opinion of the director and in accordance with the School's sick policy, is too ill to attend class,

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then arrangements must be made as soon as possible for his/her care. Children with contagious and/or infectious diseases or fevers will be sent home. If Your child is deemed by the School to be too ill to attend class we ask that Your child be picked up within at least 2 hours of notification by the School. If Your child has become sick with an infectious or contagious illness and is exhibiting signs and/or symptoms such as a high-grade fever, diarrhea, nausea, cough and/or cold lasting longer than 1 week, the child needs to be kept home until he/she has been symptom free for at least 24 hours before returning to School. Please note that if Your child is absent for two weeks or more due to illness, Your child will not be re-admitted to School without a doctor's written authorization permitting such actions.

### **STUDENT MEDICATIONS**

Please notify the director if Your child needs any medication, with specific written instructions indicating the interval and amount of dosage as required by Your child's medical condition. Additionally, please notify the director, in writing, if Your child has any allergies or special dietary needs.

### **ALLERGIES**

If Your child has allergies please inform the School by writing a list of all pertinent allergies. The School keeps an up-to-date list for reference of children who have allergies and what they are allergic to. Also, if Your child requires special food and/or snacks please bring these items clearly labeled with Your child's name so that they may be stored at the School for Your child.

### **TOILET TRAINING**

The completion of toilet training is not a requirement to attend Danville Montessori School. The School makes every effort to assist each child in the toilet training process. Children who are two years of age are charged a fixed fee (included in the tuition) each month for diapering services in the amount of \$100.00. When a child reaches the age of three or older, it is re-evaluated as to whether or not the child is completely toilet trained. The School considers a child to be completely toilet trained if no accidents have occurred for a minimum two-week period. Please note that the diapering fee can continue for a child past the age of three or until the child is completely toilet trained according to Danville Montessori's policy.

### **ATTENDANCE WITHDRAWAL**

A minimum of 30 days written notice is *required prior to* a child's withdrawal from the program. Said notice shall be submitted to the director for Danville Montessori School. If 30 days written notice is not given then You shall be responsible for the agreed tuition costs of the unfulfilled term of the enrollment contract.

### **REFUNDS**

Should it become necessary to terminate Your child's enrollment for any reason, no refunds will be issued.

### **ATTENDANCE CHANGES**

Should it become necessary to change Your agreed attendance schedule, one month's (at least 30 calendar days) notice, in writing must be submitted to the director prior to the proposed effective date of the change. Please note

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## ENROLLMENT AGREEMENT PAGE 4 OF 5

that any new attendance schedule will be subject to the prevailing current tuition charge. Please note there is a \$25.00 charge for changing Your child's attendance schedule to attend fewer days per week (i.e. changing from a 5-day attendance schedule to a 3-day attendance schedule). There is no charge to change Your child's attendance schedule to include more days (i.e. changing from a 3-day attendance schedule to a 5-day attendance schedule). Please note that if a holiday falls on an attendance day, there are no makeup days allowed of any kind for any missed attendance day or schedule.

### **TERM OF AGREEMENT**

The term of this Agreement is one calendar year from the effective date of this Agreement. This Agreement shall automatically renew on the anniversary date until the School is notified in writing otherwise.

### **AGREEMENT TERMINATION**

Should it become necessary for a student's enrollment in the program to be terminated, such actions will be based upon the following criteria. First, any actions which jeopardize the health and safety of any student will be grounds for termination. Second, any actions impeding the orderly management of the Schools will be grounds for termination. Any agreement termination and/or tuition refund will be issued at the discretion and judgment of the School director based upon the above criteria.

### **OUTSIDE TEACHER EMPLOYMENT**

Any outside employment of teachers of any kind (i.e. babysitting, tutoring, teaching, etc.) from Danville Montessori is strictly prohibited as it is a conflict of interest for all teachers, students and parents within the School.

### **STUDENT PERSONAL ITEMS**

The School shall not be held responsible for damages or loss to any personal belongings especially items such as toys, family items, personal items (such as blankets, clothing, food containers etc.) or other items considered to be special to the child that can occur as a result of being brought to School. It is preferable that the aforementioned not be brought to the School. Please clearly label all items that Your child's name that is brought to School (clothes, blankets, food containers, etc.)

### **STUDENT PHOTOS**

Taking photos of any student enrolled in the School other than your own child while on the School grounds is not permitted. Taking photos of students other than your child can create a potential safety hazard as the School has no control over where these pictures end up (social media websites, etc.) Taking photos while on school grounds also causes a disruption to normal daily functions. Please speak with the School Director to clarify this policy.

### **STUDENT RECORDS/IMMUNIZATIONS**

Each individual students files are considered to be confidential information that is available to a child's parents/guardians upon request. Upon Your child's initial attendance at the School, an up-to-date immunization record and signed by a doctor, is required for each child by the State of California Department of Health and Human Services.

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## ENROLLMENT AGREEMENT PAGE 5 OF 5

### RIGHTS OF THE LICENSING AGENCY

Department of Social Services/Community Care Licensing (DSS/CCL) requires that parents are informed of the rights reserved under Title 22 by DSS/CCL to interview and examine children without parental notification.

### NOTICE OF NON-DISCRIMINATION

Danville Montessori School is operated on a non-discriminatory basis.

**I/We have read, understand, and agree to the provisions and conditions of this agreement and give my/our permission for my/our children to attend Danville Montessori School.**

**My child(ren) \_\_\_\_\_ will be enrolled at the monthly tuition rate of \_\_\_\_\_ for full-time (Monday-Friday) attendance or the monthly tuition rate of \_\_\_\_\_ for part time attendance of either (Monday, Wednesday, Friday) or (Tuesday, Thursday) schedule.**

**Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_**

**Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_**

**Acceptance on behalf of Danville Montessori School**

**Authorized signature \_\_\_\_\_ Date \_\_\_\_\_**

**"Our care of the children should be governed not by the desire to 'make them learn things', but by the endeavor always to keep burning within them the light which is called intelligence" –Maria Montessori**

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## STUDENT TUITION FEES

### STUDENTS 3-6 YEARS OF AGE

|               |                             |  |
|---------------|-----------------------------|--|
| ○ 5 FULL DAYS | (MONDAY - FRIDAY)           | Please call for current pricing - <b>INCLUSIVE OF PRICE*</b> |
| ○ 3 FULL DAYS | (MONDAY, WEDNESDAY, FRIDAY) | Please call for current pricing - <b>INCLUSIVE OF PRICE*</b> |
| ○ 2 FULL DAYS | (TUESDAY, THURSDAY)         | Please call for current pricing - <b>INCLUSIVE OF PRICE*</b> |

#### Included classes/fees to the cost of tuition for the 3-6 age group are as follows:

- All of our operating hours 7:30am-5:30pm (there is no extra charge for before & after School care)
- Music/Movement class
- Art instruction
- Mandarin and Spanish language instruction
- Gymnastics class
- Age-appropriate work with Apple - Wi-Fi computers
- Three snacks are provided each day, which includes a variety of fruit/vegetables, crackers, and milk.
- Parents provide their child's individual lunch. Microwaves are available for parents who provide a heat-up meal or container for their child.
- A diapering fee of \$100.00 per month **may be included** in the cost of tuition if a child is three years of age and not yet toilet-trained. Our School assists children in the toilet-training process. This fee will be incurred until the child has been accident-free for a **minimum of a two-week period**.

### STUDENTS 2-3 YEARS OF AGE

|               |                             |  |
|---------------|-----------------------------|--|
| ○ 5 FULL DAYS | (MONDAY - FRIDAY)           | Please call for current pricing - <b>INCLUSIVE OF PRICE*</b> |
| ○ 3 FULL DAYS | (MONDAY, WEDNESDAY, FRIDAY) | Please call for current pricing - <b>INCLUSIVE OF PRICE*</b> |
| ○ 2 FULL DAYS | (TUESDAY, THURSDAY)         | Please call for current pricing - <b>INCLUSIVE OF PRICE*</b> |

#### Included classes/fees to the cost of tuition for the 2-3 age group are as follows:

- All of our operating hours 7:30am-5:30pm (there is no extra charge for before & after School care)
- Music/Movement class
- Art instruction
- Mandarin and Spanish language instruction
- Gymnastics class
- Age-appropriate work with Apple - Wi-Fi computers
- Three snacks are provided each day, which includes a variety of fruit/vegetables, crackers, and milk.
- Parents provide their child's individual lunch. Microwaves are available for parents who provide a heat-up meal or container for their child
- A diapering fee of \$100.00 per month **is automatically included in the cost of tuition for the entire year that a child is two years of age**. Our School assists children in the toilet-training process. When Your child turns three years of age, it is re-evaluated as to whether Your child has become toilet trained. If a child has not yet become toilet-trained, the fee is then continued during age three until the child has become toilet-trained. For the diapering fee to be discontinued from the cost of tuition, the child **must be** three years of age or older and have been accident free for a **minimum two-week period**.

| FAMILY INFORMATION                  | MOTHER | FATHER |
|-------------------------------------|--------|--------|
| FIRST AND LAST NAME (PLEASE PRINT): |        |        |
| HOME ADDRESS CITY, STATE, ZIP CODE: |        |        |
| HOME PHONE NUMBER:                  |        |        |
| CELL PHONE NUMBER:                  |        |        |
| EMAIL ADDRESS:                      |        |        |
| WORK ADDRESS:                       |        |        |
| CITY, STATE, ZIP CODE:              |        |        |
| WORK PHONE NUMBER:                  |        |        |

| EMERGENCY PICK-UP PERSON   | EMERGENCY CONTACT INFORMATION |
|----------------------------|-------------------------------|
| FIRST & LAST NAME (PRINT): |                               |
| HOME PHONE NUMBER:         |                               |
| CELL PHONE NUMBER:         |                               |

| HOW DID YOU HEAR ABOUT DANVILLE MONTESSORI SCHOOL?    |  |
|---|--|
| WEB SEARCH/OTHER (PLEASE LIST): _____                 | EDUCATIONAL PUBLICATION (PLEASE LIST): _____   |
| REFERRED BY: _____                                    | WORD OF MOUTH _____  |
| ENROLLMENT PROCEDURES                                 | <input checked="" type="checkbox"/> Danville Montessori School's application process is year-round; therefore we do <u>not</u> maintain a waiting list. If You wish to reserve a position for Your child's enrollment, we require the following: <ul style="list-style-type: none"> <li>• One month's tuition deposit (<i>non-refundable</i>) to be applied the last month that Your child attends School.</li> <li>• Projected date You wish for Your child to start school.</li> <li>• Up-to-date list of medical immunizations from Your child's doctor.</li> </ul> |
| DATE YOU WISH YOUR CHILD (REN) TO START SCHOOL: _____ |  |

| FOR OFFICE USE ONLY                                       |                                       |                    |
|---|---------------------------------------|--------------------|
| IMMUNIZATIONS REQUESTED ___/___/___                       | REGISTRATION FEE RECEIVED ___/___/___ | PAYMENT TYPE _____ |
| IMMUNIZATIONS RECEIVED ___/___/___                        | LAST MO. DEPOSIT RECEIVED ___/___/___ | PAYMENT TYPE _____ |
| ENROLLMENT AGREEMENT SIGNED ___/___/___                   | MATERIAL FEE RECEIVED ___/___/___     | PAYMENT TYPE _____ |
| EMERG. CARE/CONSENT SIGNED ___/___/___                    | ATTENDANCE START DATE ___/___/___     |                    |
| CCL PARENT'S PERSONAL RIGHTS SIGNED (3 PAGES) ___/___/___ | LANGUAGE(S) SPOKEN AT HOME _____      |                    |



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## APPLICATION FOR ENROLLMENT

| STUDENT INFORMATION |  | <u>PLEASE CHECK DESIRED PROGRAM SCHEDULE</u>  |
|---------------------|--|---|
| LAST NAME:          |  | <div style="background-color: black; color: white; text-align: center; padding: 2px;"><b>STUDENTS 3-6 YEARS OF AGE</b></div> <ul style="list-style-type: none"> <li><input type="radio"/> 5 Full-Days per week (Mon-Fri)</li> <li><input type="radio"/> 3 Full -Days per week (Mon/Weds/Fri)</li> <li><input type="radio"/> 2 Full -Days per week (Tues/Thurs)</li> </ul> |
| FIRST NAME:         |  |   |
| MIDDLE NAME:        |  |   |
| DATE OF BIRTH:      |  |   |
| CITY OF BIRTH:      |  |   |
| STATE OF BIRTH:     |  |   |
| CHILD'S GENDER:     | <input type="radio"/> MALE<br><input type="radio"/> FEMALE | <div style="background-color: black; color: white; text-align: center; padding: 2px;"><b>STUDENTS 2-3 YEARS OF AGE</b></div> <ul style="list-style-type: none"> <li><input type="radio"/> 5 Full-Days per week (Mon-Fri)</li> <li><input type="radio"/> 3 Full -Days per week (Mon/Weds/Fri)</li> <li><input type="radio"/> 2 Full -Days per week (Tues/Thurs)</li> </ul> |

| FAMILY STATUS   |                                    |  |                                      |  |
|---|------------------------------------|--|--------------------------------------|--|
| PARENTS ARE:  | <input type="radio"/> Together     | <input type="radio"/> Separated  | <input type="radio"/> Divorced       | <input type="radio"/> Parents Deceased |
| STUDENT RESIDES WITH (CHECK ONE):   | <input type="radio"/> Both Parents | <input type="radio"/> Father (only)<br><input type="radio"/> Mother (only) | <input type="radio"/> Shared Custody | <input type="radio"/> Guardian         |
| IF DIVORCED/SEPARATED PLEASE LIST CUSTODY SCHEDULE:                               | _____                              |  |                                      |  |
| CHILD HAS :   | <input type="radio"/> Stepparent   | How long with child? _____   |                                      |  |
| LIVING WITH SIGNIFICANT OTHER:  | <input type="radio"/> Yes          | <input type="radio"/> No   | How long with child?<br>_____        |  |
| OTHER PERSON(S) LIVING IN SAME HOUSEHOLD: (name, age, sex, relationship to child) | 1. _____<br>2. _____               |  |                                      |  |

| <b>FAMILY INFORMATION</b>           | <b>MOTHER</b> | <b>FATHER</b> |
|-------------------------------------|---------------|---------------|
| FIRST AND LAST NAME (PLEASE PRINT): |               |               |
| PARENT'S AGE:                       |               |               |
| HOME ADDRESS:                       |               |               |
| CITY, STATE, ZIP CODE:              |               |               |
| HOME PHONE NUMBER:                  |               |               |
| CELL PHONE NUMBER:                  |               |               |
| EMAIL ADDRESS:                      |               |               |
| SOCIAL SECURITY NUMBER:             |               |               |
| OCCUPATION/EMPLOYER:                |               |               |
| WORK HOURS:                         |               |               |
| WORK ADDRESS:                       |               |               |
| CITY, STATE, ZIP CODE:              |               |               |
| WORK PHONE NUMBER:                  |               |               |

| <b>AUTHORIZED PICK-UP PERSONS</b> | <b>PICK-UP # 1</b>                                 | <b>PICK-UP# 2</b>                                  | <b>PICK-UP # 3</b>                                 |
|-----------------------------------|--|--|--|
| FIRST & LAST NAME (PRINT):        |  |  |  |
| CITY, STATE, ZIP CODE             |  |  |  |
| HOME PHONE NUMBER:                |  |  |  |
| BUSINESS PHONE NUMBER:            |  |  |  |
| CELL PHONE NUMBER:                |  |  |  |
| RELATIONSHIP TO CHILD:            |  |  |  |
| EMERGENCY MEDICAL AUTHORIZATION?  | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

|  |                      |
|--|----------------------|
| <b>PERSONS <i>NOT</i> AUTHORIZED TO PICK-UP CHILD: (PLEASE LIST FULL NAME AND RELATIONSHIP TO CHILD)</b> | 1. _____<br>2. _____ |
|--|----------------------|

| EATING HABITS   |  |                                  |                                     |
|---|--|----------------------------------|-------------------------------------|
| DESCRIBE YOUR CHILD'S ATTITUDE TOWARD EATING:           | _____  |                                  |                                     |
| LIST FAVORITE AND DISLIKED FOODS                        | FAVORITE FOODS: _____<br>DISLIKED FOODS: _____ |                                  |                                     |
| DOES YOUR CHILD HAVE ANY FOOD ALLERGIES? DESCRIBE:      | _____  |                                  |                                     |
|   |  |                                  |                                     |
| DEVELOPMENTAL HISTORY                                   |  |                                  |                                     |
| TYPE OF BIRTH:  | <input type="radio"/> Normal                   | <input type="radio"/> Pre-mature | Complications- describe:<br>_____   |
| AGE YOUR CHILD:   | Sat-up: _____                                  | Crawled: _____                   |                                     |
|   | Walked: _____                                  | Talked: _____                    |                                     |
| CHILD'S DOMINANT HAND:                                  | <input type="radio"/> Left                     | <input type="radio"/> Right      |                                     |
| DOES YOUR CHILD HAVE ANY SPEECH DIFFICULTIES? DESCRIBE: | _____  |                                  |                                     |
| DOES YOUR CHILD NEED ASSISTANCE WITH:                   | <input type="radio"/> Dressing/Undressing      | <input type="radio"/> Eating     | <input type="radio"/> Washing hands |

| SLEEPING HABITS                                      |                               |                            |  |
|--|-------------------------------|----------------------------|--|
| YOUR CHILD'S ATTITUDE TO BEDTIME                     | _____                         |                            |  |
| CHILD'S SLEEP SCHEDULE                               | TIME CHILD GOES TO BED: _____ | TIME CHILD WAKES UP: _____ |  |
| DOES YOUR CHILD SLEEP THROUGH THE NIGHT & TAKE NAPS? | <input type="radio"/> Yes     | <input type="radio"/> No   | Takes Naps?<br><input type="radio"/> Yes<br><input type="radio"/> No |
| DOES YOUR CHILD TAKE ANYTHING TO BED? DESCRIBE:      | _____                         |                            |  |

| TOILETING HABITS  |                           |                          |                                    |
|---|---------------------------|--------------------------|------------------------------------|
| CAN YOUR CHILD BE RELIED UPON TO INDICATE HIS/HER BATHROOM NEEDS? | <input type="radio"/> Yes | <input type="radio"/> No |                                    |
| DOES YOUR CHILD NEED ASSISTANCE IN TOILETING?                     | <input type="radio"/> Yes | <input type="radio"/> No | Describe: _____                    |
| DOES YOUR CHILD NEED TO GO MORE OFTEN THAN USUAL FOR HIS/HER AGE? | <input type="radio"/> Yes | <input type="radio"/> No |                                    |
| WHAT WORDS DOES YOUR CHILD USE FOR BOWEL MOVEMENT?                | Bowel Movement: _____     |                          | Urination: _____                   |
| WAS YOUR CHILD DIFFICULT TO TRAIN?                                | <input type="radio"/> Yes | <input type="radio"/> No | Describe: _____                    |
| ANY DAYTIME ACCIDENTS?  | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Occasionally |
| ANY NIGHTTIME ACCIDENTS?  | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Occasionally |

| <b>MEDICAL INFORMATION</b>  |  |                          |                                |
|---|--|--------------------------|--------------------------------|
| WHO WILL PROVIDE CARE WHEN CHILD IS ILL AND CANNOT ATTEND SCHOOL?     | _____  |                          |                                |
| ANY ALLERGIES? PLEASE CHECK   | <input type="radio"/> Animals (describe) _____<br><input type="radio"/> Pollen _____<br><input type="radio"/> Other (describe) _____ |                          |                                |
| CHILD'S REACTION TO FEVER OR ILLNESS?                                 | _____  |                          |                                |
| <b>MEDICAL CARE INFORMATION</b>                                       |  | <b>PEDIATRICIAN</b>      | <b>DENTIST</b>                 |
| PROVIDER:   | _____  |                          | _____                          |
| DOCTOR'S NAME:  | _____  |                          | _____                          |
| ADDRESS:  | _____  |                          | _____                          |
| CITY, STATE, ZIP CODE:  | _____  |                          | _____                          |
| PHONE NUMBER:   | _____  |                          | _____                          |
| MEDICAL PLAN NUMBER:  | _____  |                          | _____                          |
| ALTERNATE DOCTOR NAME/PHONE:  | _____  |                          | _____                          |
| EMERGENCY HOSPITAL PREFERENCE:  | _____  |                          | _____                          |
| PARENT SIGNATURE & DATE:  | _____  |                          |                                |
| <b>SOCIAL &amp; EMOTIONAL RELATIONSHIPS</b>                           |  |                          |                                |
| HAS YOUR CHILD HAD PREVIOUS GROUP CHILD CARE EXPERIENCES?             | <input type="radio"/> Yes  | <input type="radio"/> No | How long/Where?<br>_____       |
| WHAT WAS HIS/HER EXPERIENCE THERE?                                    | _____  |                          |                                |
| WHO HAS CARED FOR YOUR CHILD OTHER THAN PARENTS?                      | _____  |                          |                                |
| HOW DOES YOUR CHILD GET ALONG WITH PARENTS, SIBLINGS, OTHER CHILDREN? | _____  |                          |                                |
| DOES YOUR CHILD HAVE DIFFICULTY SEPARATING FROM HIS/HER FAMILY?       | <input type="radio"/> Yes  | <input type="radio"/> No |                                |
| HOW DO YOU HANDLE THE SITUATION?                                      | _____  |                          |                                |
| OUTDOOR PLAY AT HOME FOR YOUR CHILD?                                  | <input type="radio"/> Yes  | <input type="radio"/> No |                                |
| DOES YOUR CHILD HAVE DIFFICULTY SHARING/PLAYING WITH OTHER CHILDREN?  | <input type="radio"/> Yes  | <input type="radio"/> No | Neighborhood friends?<br>_____ |
| DESCRIBE ANY FEARS/SPECIAL ISSUES:                                    | _____  |                          |                                |
| SITUATIONS THAT UPSET YOUR CHILD?                                     | _____  |                          |                                |
| HOW DOES HE/SHE REACT TO THESE SITUATIONS?                            | _____  |                          |                                |
| DESCRIBE YOUR CHILD'S PERSONALITY                                     | _____  |                          |                                |
| WHAT ARE YOUR EXPECTATIONS OF OUR SCHOOL?                             | _____  |                          |                                |

## Danville Montessori School

919 CAMINO RAMON • DANVILLE, CA 94526-4903 • PHONE (925) 838 - 7434 • FAX (925) 838 - 2692  
 EMAIL - danmontschool@gmail.com      www.danmont.com

### EMERGENCY CARE AND PERMISSION FORM

|   |                                 |                              |                              |
|---|---------------------------------|------------------------------|------------------------------|
| CHILD'S FULL NAME:  |                                 |                              |                              |
| DATE OF BIRTH:  |                                 |                              |                              |
| LIST ANY KNOWN ALLERGIES:   |                                 |                              |                              |
| DATE OF LAST TETANUS SHOT:  |                                 |                              |                              |
| OTHER EMERGENCY INFORMATION:  |                                 |                              |                              |
| <b>FAMILY INFORMATION</b>   | <b>MOTHER</b>                   | <b>FATHER</b>                |                              |
| FIRST AND LAST NAME (PLEASE PRINT):   |                                 |                              |                              |
| HOME ADDRESS:   |                                 |                              |                              |
| CITY, STATE, ZIP CODE:  |                                 |                              |                              |
| HOME PHONE NUMBER:  |                                 |                              |                              |
| CELL PHONE NUMBER:  |                                 |                              |                              |
| EMAIL ADDRESS:  |                                 |                              |                              |
| SOCIAL SECURITY NUMBER:   |                                 |                              |                              |
| OCCUPATION/EMPLOYER:  |                                 |                              |                              |
| WORK HOURS:   |                                 |                              |                              |
| WORK ADDRESS:   |                                 |                              |                              |
| CITY, STATE, ZIP CODE:  |                                 |                              |                              |
| WORK PHONE NUMBER:  |                                 |                              |                              |
| <b>MEDICAL CARE INFORMATION</b>   | <b>PEDIATRICIAN INFORMATION</b> |                              |                              |
| PROVIDER:   |                                 |                              |                              |
| DOCTOR'S NAME:  |                                 |                              |                              |
| ADDRESS:  |                                 |                              |                              |
| CITY, STATE, ZIP CODE:  |                                 |                              |                              |
| PHONE NUMBER:   |                                 |                              |                              |
| MEDICAL PLAN NUMBER:  |                                 |                              |                              |
| ALTERNATE DOCTOR NAME/PHONE:  |                                 |                              |                              |
| EMERGENCY HOSPITAL PREFERENCE:  |                                 |                              |                              |
| <b>AUTHORIZED PICK-UP PERSONS</b>   | <b>EMERGENCY CONTACT # 1</b>    | <b>EMERGENCY CONTACT # 2</b> | <b>EMERGENCY CONTACT # 3</b> |
| FIRST & LAST NAME (PRINT):  |                                 |                              |                              |
| CITY, STATE, ZIP CODE   |                                 |                              |                              |
| HOME PHONE NUMBER:  |                                 |                              |                              |
| BUSINESS PHONE NUMBER:  |                                 |                              |                              |
| CELL PHONE NUMBER:  |                                 |                              |                              |
| <p>In case of accident or emergency, if Parent or Legal Guardian cannot be reached, I authorize a School representative to make necessary arrangements for my child to receive medical care, dental, or hospital care including transportation. I further authorize the designated physician to undertake such care and treatment. In any event said Doctor is not available, I authorize such care and treatment to be performed by an licensed physician or surgeon. Any expenses will be incurred by myself.</p> |                                 |                              |                              |
| Parent's or Guardian's Signature _____  |                                 | Date _____                   |                              |

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Child's name \_\_\_\_\_ born on \_\_\_\_\_ is being studied for readiness to enter Danville Montessori School. Danville Montessori School provides a program which extends from \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m. for \_\_\_\_\_ days per week. Please provide a report on the above named child using the forms below. I hereby authorize the release of medical information in this report to Danville Montessori School.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

### PHYSICIAN REPORT TO BE COMPLETED BY A LICENSED DOCTOR

Problems we should be aware of: \_\_\_\_\_

|                       |                     |
|-----------------------|---------------------|
| Hearing _____         | Vision _____        |
| Allergies _____       | Insect Stings _____ |
| Development _____     | Food _____          |
| Language/speech _____ | Asthma _____        |

Medication prescribed/Special routine/Restrictions: \_\_\_\_\_

Other/Comments: \_\_\_\_\_

### IMMUNIZATION HISTORY (Fill out or attach California Immunization Record PM-298)

|                  | 1st Dose | 2nd Dose | 3rd Dose | 4th Dose | 5th Dose |
|------------------|----------|----------|----------|----------|----------|
| <b>Polio</b>     |          |          |          |          |          |
| <b>DPT</b>       |          |          |          |          |          |
| <b>MMR</b>       |          |          |          |          |          |
| <b>HIB</b>       |          |          |          |          |          |
| <b>Hep B</b>     |          |          |          |          |          |
| <b>Varicella</b> |          |          |          |          |          |

Screen of TB Risk Factors     - Risk factors not present, TB skin test not required  
     - Risk factors present, ManToux TB skin test performed  
     - Communicable TB disease not present

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

Physician \_\_\_\_\_ Date of Examination \_\_\_\_\_

Address \_\_\_\_\_ Date this form completed \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_ License Number \_\_\_\_\_

**CHILD CARE CENTER  
NOTIFICATION OF PARENTS RIGHTS**

**PARENTS RIGHTS**

As a parent/Authorized Representative, You have the right to:

- (1) Enter and inspect the childcare 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 complains 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 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  
Licensing Office Address: 1515 Clay Street Oakland, CA 94612  
Licensing Office Telephone #: (510) 622-2602
- (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 name of the person may also be obtained by contacting the local licensee 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 THE CHILDREN IN CARE.*

-----  
DETACH HERE AND GIVE UPPER PORTION TO PARENTS

**ACKNOWLEDGMENT 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.

Name of the child care center Danville Montessori School 919 Camino Ramon Danville, CA 94526-4903

Signature of the representative/guardian \_\_\_\_\_ Date \_\_\_\_\_

*Note: This acknowledgment must be kept in child's file and copy of the Notification given to the parent/authorized representative.*

**PERSONAL RIGHTS**  
**Child Care Facilities**

Personal Rights, see Section 101223 of the California Code of Regulations for waiver conditions for Child Care Centers. Child Care Facilities. Each child receiving services from a child care facility shall have rights with 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 his/her needs.
- (3) To be free from corporal punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including by 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 including 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 facilities, 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:**

**COMMUNITY CARE LICENSING 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612 (510) 622-2602**

-----  
DETACH HERE AND GIVE UPPER PORTION TO PARENTS

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 submission to:**

Danville Montessori School 919 Camino Ramon Danville, CA 94526-4903

Print the name of the child \_\_\_\_\_

Signature of the representative/parent/guardian \_\_\_\_\_

Title of representative/parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



**EMERGENCY MEDICAL CONSENT FORM**

**Authorization for Third Party to consent to Treatment of Minor Lacking Capacity to Consent**  
**I/We, the undersigned, parent(s)/person(s) having legal custody/legal guardian of**

\_\_\_\_\_ a minor, do hereby authorize Danville  
Montessori School as agent(s) for the undersigned to consent to any x-ray examination, anesthetic,  
medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the  
general or special supervision and upon advice of a physician and surgeon licensed under the  
provisions of the Medical Practice Act or to consent to an x-ray examination, anesthetic, dental or  
surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed  
under the provisions of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis,  
treatment, or hospital care being required but is given to provide authority to empower on the part  
of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital  
care which a physician, meeting the requirements of this authorization, any in the exercise of his/her  
best judgment, deem advisable. This authorization is given pursuant to the provisions of Section 25.8  
of the Civil Code of California.

I/We hereby authorize any hospital which has given treatment to the above-named minor  
pursuant to the provisions of Section 25/8 of the Civil Code of California to surrender physical  
custody of such minor to my/our above-named(s) upon completion of treatment. This authorization  
is given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations will remain in effect until \_\_\_\_\_, 20\_\_\_\_ unless  
sooner revoked in writing delivered to said agent(s).

Date \_\_\_\_\_

Parent/Legal Guardian  
Having Legal Custody \_\_\_\_\_

Parent/Legal Guardian  
Having Legal Custody \_\_\_\_\_

If signed by other than  
parent indicate relationship \_\_\_\_\_

# Check List for the 1st. Day of School

- \* Tuition Check, Last Month's Deposit & Material Fees
- \* Immunization records completed, up-to-date, sign by physician
- \* All paperwork completed including contract, enrollment information signed using full signature
- \* All contact numbers and addresses (home, work, cell, e-mail)
- \* Lunch box (with Your child's name on it)
  - \* Ice pack (if necessary)
  - \* Labeled containers
  - \* Heat-up items placed on heat-up tray
- \* Items for the cubby (please label all items with Your child's name)
  - \* Small blanket for napping
  - \* Large, zip-lock bag with a change of clothing
  - \* Diapers, wipes, ointment (if needed)
  - \* Picture of Your child for their cubby
  - \* Tips for easing any transition issues
- \* Try to say a quick good-bye and reassure your child that you will return soon
- \* Then leave child with one of the teacher, either inside or outside. All School staff is well-trained and sensitive to any and all transition issues that could come up.

If you have any questions, please feel free to ask. We are here to help you.

Thank you and welcome to Danville Montessori School!