

**NAPA VALLEY MONTESSORI LEARNING CENTER**

**SCHOOL REGISTRATION**

# NAPA VALLEY MONTESSORI LEARNING CENTER

## REGISTRATION AND INFORMATION

<b>*Child's Name:</b>
<b>Birthday:</b>
<b>Age Now:</b>
<b>*Home Phone Number:</b>
<b>*Email Address:</b>
<b>Street Address:</b>
<b>City:</b>
<b>State:</b>
<b>Zip Code:</b>
<b>Mother's Name:</b>
<b>Mother's Work Phone:</b>
<b>Father's Name:</b>
<b>Father's Work Phone:</b>
<b>Siblings Name and Their Ages:</b>

# CHILD'S CHECK OFF LIST

- \_\_\_\_\_ Admission Agreement
- \_\_\_\_\_ Registration
- \_\_\_\_\_ I.D. Emergency
- \_\_\_\_\_ Participant Agreement and Release
- \_\_\_\_\_ Authorization to Consent to Treatment of a Minor
- \_\_\_\_\_ Child's Preadmission Health History - Parent's Report
- \_\_\_\_\_ Personal Rights Form
- \_\_\_\_\_ Notification of Parents' Rights
- \_\_\_\_\_ Physician's Report
- \_\_\_\_\_ Yellow Identification & Emergency (two sides)
- \_\_\_\_\_ Four Step Behavioral Policy

**Child's Name** \_\_\_\_\_ **Date Enrolled** \_\_\_\_\_

Director's Use

\_\_\_\_\_ Emergency Card \_\_\_\_\_ Facility Roster \_\_\_\_\_ Pick Up \_\_\_\_\_ Card Blue Immunization Form

# NAPA VALLEY MONTESSORI LEARNING CENTER

## ADMISSION AGREEMENT

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Welcome to Napa Valley Montessori Learning Center. We offer a high quality educational program with a highly qualified staff that has passed all state required courses, including 12 units in Early Childhood Education, Child CPR, and Child First Aid.

We offer year round education for children ages two and a half through six.

## PROGRAM OPTIONS

**Mornings** 9am to 12:00pm  
**Full Day** 9am to 3pm  
**Extended Child Care:** 3pm to 5:30pm

*5 mornings or 2, 3, 4 or 5 full day programs available*

## MONTHLY FEE SCHEDULE School Year 2010-2011

PROGRAM	AGES 2.6-6	LESS 10%	ADJUSTED RATE
5 Full Days +Extended care 7:30am-5:30pm	\$ 1,200.00	-\$120.00	\$ 1,080.00
5 Full Days 9am – 3pm	\$ 1,000.00	-\$100.00	\$ 900.00
4 Full Days 9am – 3pm	\$ 925.00	-\$ 92.50	\$ 832.50
3 Full days 9am – 3pm	\$ 850.00	-\$ 85.00	\$ 765.00
2 Full Days 9am- 3pm	\$ 700.00	-\$ 70.00	\$ 630.00
5 Mornings 9am -12noon	\$ 820.00	-\$ 82.00	\$ 738.00
Hourly Child Care	\$ 7.50/Hr		

Our Tuition Fees are based on an annual academic school year.

Initial / Yearly non-refundable Registration fee \$100.00

120 West American Canyon Road M11 American Canyon, Ca 94503 Phone # (707)-647-7178 /  
1(877)-577-7178, Fax # (707) 647-3786 Email: [napavalleymontessori@yahoo.com](mailto:napavalleymontessori@yahoo.com)

**THE FOLLOWING EIGHT FORMS MUST BE COMPLETED** (*and returned to school before your child's first day*):

- Admissions Agreement
- Registration Application
- Identification & Emergency
- Parents Health Report
- Doctor's Health Report
- Parent's Rights
- Consent to Treatment
- Personal Rights

## **TUITION**

### **TUITION IS DUE ON THE FIRST OF EACH MONTH and is considered late after the 5th.**

A \$25 late fee will be charged. Any alternate payment schedules must be agreed upon in writing with the owner before enrollment takes place. Tuition may be paid by cash or check. There is a \$25 fee for all returned checks. After two returned checks you will be required to pay all tuition in cash or money order. If tuition is not paid in full by the 20th of the month, the student will not be permitted to attend the following month until all tuition and fees have been received. Being asked to leave, due to nonpayment of tuition, does not relieve you of your financial obligation for services already rendered. If you are asked to leave due to non-payment of tuition your spot to return is not guaranteed, enrollment is on a first come basis.

## **TUITION INCREASE**

In the event of a tuition increase, you will be notified in writing 30 days in advance.

## **VACATION POLICY**

Napa Valley Montessori Learning Center is not able to offer vacation credits during regular academic school year. If you choose to pull out during the summer classes, a non refundable \$200 per month fee to hold your spot will be required. If you choose not to hold your spot it is possible enrollment will be full and you will not be able to return at a later date.

## **ABSENCE/ILLNESS**

Napa Valley Montessori Learning Center is not able to offer tuition credit for absence or illness.

## **SCHEDULE CHANGES**

If you need to make changes in your child's schedule of attendance, please make arrangements with the director in advance. Extra days depend on enrollment and cannot be guaranteed.

## **SCHOOL HOLIDAYS**

Napa Valley Montessori Learning Center is a year round school. We will be closed up to 14 days for the Christmas / New Year Holiday, 5 days during Spring Break President's Day, Memorial Day, Independence Day, Labor Day, 2 days at Thanksgiving, Martin Luther King's Birthday, and up to 5 days per year for teacher training. When a holiday lands on the weekend we will try to follow local school or bank closing days. Every three or four years, school will close up to three extra days for maintenance and repair projects such as paint, carpet, etc... Tuition rates in months when school closes for the above dates does not change.

## **LATE ARRIVAL FEES**

If you are late picking up your child, you agree to pay \$1 per minute after closing time. This payment is due upon pick-up and payable directly to the teacher on duty. If payment is not submitted at the time of pick-up, you will be billed an additional \$5 fee. Payment for late arrival is not a service, if you are continually late, more than twice in one month, you may be asked to leave. Teachers have obligations after work and must be able to leave on time.

## **REFUNDS**

For any behavior of the child which, in the sole judgment of Napa Valley Montessori Learning Center, presents a risk of harm to other children or adults, or for any behavior of a parent or guardian, which in the sole judgment of Napa Valley Montessori Learning Center, presents a risk of harm to persons or a risk of disruption of school operations, a child may be dismissed without prior notice. If this occurs, any unused prepaid fees will be refunded within forty-eight (48) hours.

## **TERMINATION OF ENROLLMENT**

In the event you wish to terminate enrollment for any reason, a two-week notice in writing is required. You will be responsible for tuition until two weeks after the date of notice.

## **TERMINATION BY THE SCHOOL**

A child may be dismissed for any behavior of the child which, in the sole judgment of Napa Valley Montessori Learning Center, presents a risk of harm to other children or adults, or for any behavior of a parent or guardian, which in the sole judgment of Napa Valley Montessori School, presents a risk of harm to persons at the school or a risk of disruption of school operations, a child may be dismissed without prior notice. If this occurs, any unused prepaid fees will be refunded within 48 hours.

For any reason, which in the sole judgment of Napa Valley Montessori Learning Center, there is an indication that Napa Valley Montessori Learning Center is unable to meet the needs of the child, and therefore continued enrollment of the child is not possible, the child may be dismissed with a one week notice of dismissal. If this occurs, any unused prepaid fees will be refunded within 48 hours.

In the event of non- payment of fees (tuition, childcare, late fees, or any other fees), the parent or guardian will be given a deadline, not less than one week after the payment of fees was due under this contract, in which to make payment of the fees. The child can be dismissed on that date, with further notice, if the fees have not been paid.

In the event the parent or guardian is late in paying fees more than twice in a six month period, a child may be dismissed without notice on the third or later date than fees are due but unpaid.

### **MODIFICATION OF CONTRACT**

#### *Modification by School*

Napa Valley Montessori Learning Center reserves the right to modify any conditions of this contract and to modify any of the school's operating policies and procedures as described in the school Information Package, at any time without prior notice. No adjustment of this amount of tuition shall occur without thirty days prior written notice to the parent or guardian.

#### *Modification by Parent*

A change in academic program and the corresponding change in tuition require a 30 day written notice and the approval of the director. Because there are a set number of spaces allocated to each particular schedule, a change in academic program will only be accepted if there is space available in the new requested schedule.

### **OTHER POLICIES AND PROCEDURES**

The parent or guardian agrees that he/she has received and read a copy of the school information package and agrees to all of Napa Valley Montessori Learning Center's operating policies and procedures as described therein.

### **NOTICE OF INSPECTION AUTHORITY**

The state of California, department of Social Services, Community Care Licensing has the authority: (1) to interview children or staff, and to inspect and audit child and faculty records without prior consent; and (2) to observe the physical condition of the children, including conditions which could indicate abuse, neglect or inappropriate placement. (*See following page for full statement*)

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**Licensee, Director, or Authorized representative**

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**Date**

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**Parent or Guardian**

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**Date**

**STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY RIGHTS**

All parents must be advised that our school is operating fully within the policies and procedures governed by the State of California Health and Welfare Agency and Department of Social Services. These agencies reserve the right to perform the duties authorized in section 101200 (b) and (c) of Title 22 Division 12, Child Day Care General Licensing Requirements.

(b) The department of licensing agency shall have the authority to interview children, or staff, and to inspect and audit child or facility records without prior consent.

The licensee shall make provisions for private interviews with any child(ren) or staff member; and for the examination of all records relating to the operation of the facility.

© The Department Licensing Agency shall have the authority to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect, or inappropriate placement.

In the event that this agreement is terminated, such agreements shall be dated and signed by the parent or authorized representative and the Director no later than seven calendar days following admission. Modifications in this agreement shall be made whenever circumstances covered in this agreement change, and shall be dated and signed by the responsible parties.

Napa Valley Montessori Learning Center shall retain the original copy of this agreement and shall provide copies to the parent and/or to the authorized representative, if any.  
Napa Valley Montessori Learning Center shall comply with all terms and conditions set forth in this agreement.

This admission agreement shall be automatically terminated by the regulations stipulated in Title 22101219 (g)



**Napa Valley Montessori Learning Center**  
**Admission Agreement**

Modifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Start Date \_\_\_\_\_ Attendance Schedule \_\_\_\_\_

Tuition Rate \_\_\_\_\_

I have read and understand this agreement. (5 pages including this signature page)

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Director \_\_\_\_\_ Date \_\_\_\_\_

Termination Date \_\_\_\_\_

Reason \_\_\_\_\_

Parents Signature \_\_\_\_\_

Director's Signature \_\_\_\_\_

**Napa Valley Montessori Learning Center**  
**Registration**

**Child's Name:** \_\_\_\_\_

**Birthday:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Mother's Address:** \_\_\_\_\_

**Mother's Telephone: Work** \_\_\_\_\_ **Home** \_\_\_\_\_

**Mother's Employer:** \_\_\_\_\_

**Mother's Email:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Father's Address:** \_\_\_\_\_

**Father's Telephone: Work** \_\_\_\_\_ **Home** \_\_\_\_\_

**Father's Employer:** \_\_\_\_\_

**Father's Email:** \_\_\_\_\_

**Do both parents live with child?** \_\_\_\_\_ **Who has custody?** \_\_\_\_\_

**Starting Date:** \_\_\_\_\_ **School Schedule:** \_\_\_\_\_ **Tuition:** \_\_\_\_\_

**Registration Paid:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Check** \_\_\_\_\_ **Cash** \_\_\_\_\_

**Napa Valley Montessori Learning Center**  
**Authorization to Consent to Treatment of Minor**

I (we), the undersigned, parent(s) of \_\_\_\_\_ a minor, do hereby authorize the staff at Napa Valley Montessori Learning Center as agent(s) for the undersigned to consent to and aid to x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the staff \_\_\_\_\_ of Hospital, or any Emergency Hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

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 and power on the part of the staff mentioned above to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization shall remain effective as long as the child is registered and a current student at Napa Valley Montessori Learning Center.

Parent(s) Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Date of Child's Birth \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy holders name \_\_\_\_\_

Policy Number \_\_\_\_\_

Mother's work # \_\_\_\_\_

Father's work # \_\_\_\_\_

List any allergies your child may have \_\_\_\_\_

## **Napa Valley Montessori Learning Center**

### **Four Step Hurtful Behavior Policy**

Dear Napa Valley Montessori Learning Center Parent,

We are glad that you have chosen Napa Valley Montessori Learning Center for your child, and we trust that you and your child will be happy here. Continuing our concern for your children's safety and well being, and in accordance with the California State Child Care licensing Agency guidelines we have implemented a "4" Step Hurtful behavior Policy". Please review the policy, sign and return this form. If you have any questions or concerns regarding our policy, please feel free to speak with the administration or your child's teacher.

**Step 1:**

Your child bites or hurts someone for the first time. You will be informed through an incident report that will explain what happened. At that time, we will ask you to speak with your child about the incident. The administration and teacher will evaluate the incident, the classroom and the supervision

**Step 2:**

Your child bites someone a second time. You will again receive an incident report to let you know how we are dealing with the situation in the classroom. Furthermore, the administrator and/or teacher will council you and give you referrals to literature and professional resources to help you deal with the situation as a parent. Additional meetings may be requested by parents or the administration and/or teacher to monitor progress.

**Step 3:**

The biting or hurtful behavior continues. If the two previous steps are proving to be ineffective, you will be expected to pick your child up from school and not return for 24 hours.

**Step 4:**

If the previous three steps are proving to be ineffective, you will be ask to remove your child from our Learning Center with one week's notice.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

