

Carmel Valley Montessori School

Admission Policies and Procedures

We would like to welcome you to Carmel Valley Montessori School. We are committed to providing an excellent education to children, aged 18 months through five years old, without regard to race, sex, creed, or national origin.

The director may evaluate the child as to their physical and emotional development to determine if they are ready to be admitted. Each child should be able to fully participate in all activities, including outdoor play, without detriment in any way to themselves or others and without requiring extra staff time needed by other children. Periodic reviewed by the director in conjunction with the teacher will determine the needs of the child and the facility/staff ability to meet those needs.

The forms from the online registration site must be filled out and returned to the school office prior to the child's admission. In addition to the forms in this packet, the parent must supply a copy of the child's official state immunization record, the CA state "yellow card" in most cases.

According to CA state law, Title 22, all children should be free of symptoms of communicable disease when they come to school. Children who develop symptoms while at school will be isolated in the director's office until the parent or designated representative arrives for the child.

Children must be signed in and out each day by a responsible adult. Parents are responsible for delivering their child to the teacher before leaving. Children are released only to persons for whom the school has written permission by the parents. Photo identification is required if it is someone other than a parent.

Parents need to send a nutritious lunch and drink with their child to school every day, please include an ice pack if it needs to stay cool. The school provides morning snacks for all children, as well as afternoon snacks for extended daycare.

I fully understand all terms of the admissions policy.

Signature

Parent's Name

Date

Child's Name

**IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES**

To Be Completed by Parent or Guardian – All sections must be completed

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	HOME TELEPHONE ()
CHILD HOMES ADDRESS	ADDRESS	CITY	STATE	ZIP	BIRTHDATE
FATHER'S NAME	LAST	MIDDLE	FIRST		FATHERS CELL PHONE ()
FATHER PLACE OF EMPLOYMENT	ADDRESS	CITY	STATE	ZIP	FATHER WORK PHONE ()
MOTHER'S NAME	LAST	MIDDLE	FIRST		MOTHER'S CELL PHONE ()
MOTHER PLACE OF EMPLOYEMNT	ADDRESS	CITY	STATE	ZIP	MOTHER'S WORK PHONE ()
NAME OF PERSON CHILD LIVES WITH	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	ADDITIONAL CONTACT NUMBER ()

Must have two (2) emergency contacts other than parents

NAME	ADDRESS	PHONE	RELATIONSHIP
		CELL ALTERNATE	
		CELL ALTERNATE	
		CELL ALTERNATE	
		CELL ALTERNATE	

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 OTHER THAN PARENTS

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE

DATE

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

DATE OF ADMISSION

DATE LEFT

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 WHATEVER
NAME
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

()

LIC 627 (ENG/SP) (5/01) (CONFIDENTIAL)

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CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES? ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*		

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which 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 meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but 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 regarding 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 Centers, 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:

Department of Social Services

NAME

Community Care Licensing Division

ADDRESS

755 Metropolitan Dr, Suite 110

CITY

San Diego

ZIP CODE

92108

AREA CODE/TELEPHONE NUMBER

619-767-2200

DETACH HERE

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 admission to:

(PRINT THE NAME OF THE FACILITY)

Carmel Valley Montessori

(PRINT THE ADDRESS OF THE FACILITY)

3800 A Mykonos Ln, San Diego, 92130

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care 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 complaints 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 you or 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: Department of Social Services - Community Care Licensing

Licensing Office Address: 7575 Metropolitan Dr, Suite 110, San Diego, CA 92108 619-767-2200

Licensing Office Telephone #: _____

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 the name of the person may also be obtained by contacting the local licensing 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 CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT 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 Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

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)

Carmel Valley Montessori School _____ . This Child Care Center/School provides a program which extends from 7 : 30
(NAME OF CHILD CARE CENTER/SCHOOL)

am/pm. to 6:00 p a.m./p.m.,
5 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)	/ /	/ /	/ /	/ /	/ /
(DIPHTHERIA, TETANUS AND DT/Td AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
(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.



All registration is done online at
www.BGCSanDieguito.org

Please print out all paperwork from registration website return to school before your start date

2015-2016 New Student Rates

All tuition rates are for the school year, with exceptions as noted in the school calendar

<u>Programs</u>	<u>Monthly Installments</u>		<u>Paid in full *</u>
	<u>School Year (Aug 24-June 8)</u>	<u>Full Year (12 months)</u>	
FT (5 Days) 9:00a-2:30p	\$250 (Due Aug 24th) and \$995 x 10 mo	\$995 x 12 mo	-5% discount off annual tuition
FTX (5 Days) 7:30a-6:00p	\$300 (Due Aug 24th) and \$1,195 x 10 mo	\$1,195 x 12 mo	-5% discount off annual tuition
FTAM (5 Days) 9a-12:30 (Over 3 yrs) 9a-12:00 (Under 3 yrs)	\$225 (Due Aug 24th) and \$895 x 10 mo	\$895 x 12 mo	-5% discount off annual tuition
MWF (3 Days) 9:00a-2:30p	\$175 (Due Aug 24th) and \$695 x 10 mo	\$695 x 12 mo	-5% discount off annual tuition
TTH (3 Days) 9:00a-2:30p	\$135 (Due Aug 24th) and \$525 x 10 mo	\$525 x 12 mo	-5% discount off annual tuition

****\$175.00 ANNUAL REGISTRATION FEE WITH EACH PROGRAMS ****
 No deposits, supply fees or material fees

*Paid in full discount given for School Year (Aug-Jun) is only offered through December
 Discount given for Full Year (12 months) will be offered for any 12 month period throughout the year
 Changes in session are subject to availability. Prices subject to change with a 30 day notice.

EXTENDED CARE & SPECIAL RATES

	<u>2 Days</u>	<u>3 Days</u>	<u>5 Days</u>
Before School Care (7:30 - 8:30 a.m.).....	\$95.00/mo.....	\$125.00/mo.....	\$150.00/mo
After School Care (3:30 - 6:00 p.m.).....	\$115.00/mo.....	\$175.00/mo.....	\$235.00/mo
Before and After School Care (7:30 - 8:30 a.m. & 3:30 - 6:00 p.m.).....	\$130.00/mo.....	\$200.00/mo.....	\$260.00/mo

LATE PICKUP OR EXTRA HOURLY RATE - starting at 12 (under 3 yrs) or 12:30 (over 3 yrs) for FT/AM program or 3:00 for FT (if child is not picked up by 3:30)....\$10.00/hour
 AFTER HOURS LATE PICK-UP: Pick up after 6:00pm*.....\$55.00 flat rate
 All late fees will automatically be charged on your account*

DIAPERING FEE FOR ANY CHILD THAT IS 3 YEARS OLD IN PRESCHOOL CLASS AND NOT FULL POTTY TRAINED\$150.00/mo until fully potty trained

Tuition Policies

- Registration and first month payment installment is due upon enrollment and are non-refundable.
- Tuition can be paid in full for the full year, or can be broken up into monthly installments.
- Tuition is based on the school year, not by month or days in attendance. If you choose to make monthly installment payments, full installments are due at the beginning of each month along with any extended day fees regardless of days in attendance. Last installment for school year is due on June 1st. Last installment for school year plus summer is due on Aug 1st.
- Tuition can be paid by credit card, check, money order or cash. A \$25 late fee will be charged when a payment is received after the 7th of the month. We can set up automatic payments through credit card or checking account.
- A 10% discount on tuition will be given for a second child enrolled from the same family with concurrent enrollment.
- There is a grace period for drop off from 8:30a - 9:00a and pick up from 2:30p - 3:30p. Children should be signed in and signed out within the grace period. Children arriving before and/or after this grace period will be charged a late fee of \$10/hour.
- One hour minimum late pick up fee if your child is not picked up by 3:30p, fees starts accruing from 3:00p and is charged at the beginning of each hour.
- All children must be picked up before 6:00p daily. If children are picked up after 6:00p, parents will automatically be charged \$55 flat rate.
- Parents must give a 30 day notice for withdrawal of any program to avoid responsibility for any further tuition payments.

I have read and fully understand the above tuition and rate information. I understand that the last full installment for school year is due on June 1st and school year plus summer is due Aug 1st. I agree to abide by the Carmel Valley Montessori School tuition policies and conditions as stated above.

Payment Option (please circle one): School Year (Aug 24 – Jun 8) Paid in Full Full Year (12 Months) Paid in Full Monthly Installments Option

Child's Name: _____ Program Registering for: _____ Auto payment: Yes No

Parent Signature: _____ Printed Name: _____

Referred By: _____ Date: _____ Anticipated Start Date: _____

Childs Name: _____

Date: _____

We are excited to have your child as a part of our 2015/2016 school year! Your child is currently registered for the PARTTIME (T/TH) program.

2015/2016 School year is from Aug 24th through June 8th.

Summer Program begins June 13th, 2015 ending on Aug 16th, 2016.

All tuition rates are based on annual tuition for the school year, with exceptions as noted in the school calendar. You can choose to pay the annual tuition up front and receive a 5% discount, or you can choose to break out the payment and make them in monthly installment due on the 1st of each month.

Monthly Installment Due on:	Monthly Installment Amount
August 24, 2015 (unless enrolled during full month of August)	\$135.00
September 1, 2015	Pre-paid at time of registration
October 1, 2015	\$525.00
November 1, 2015	\$525.00
December 1, 2015	\$525.00
January 1, 2015	\$525.00
February 1, 2015	\$525.00
March 1, 2015	\$525.00
April 1, 2015	\$525.00
May 1, 2015	\$525.00
June 1, 2015	\$525.00
July 1, 2015	\$525.00
August 1, 2015	\$525.00

Please indicate below how you would like to pay your child's tuition:

- School Year tuition paid in full option including 5% discount – Total: **\$5,116.00**
- School Year tuition in monthly installments due on the 1st of each month (monthly breakdown above)
- School Year + Summer tuition paid in full option including 5% discount – Total: **\$5,985.00**
- School Year + Summer tuition in monthly installments (monthly breakdown above)
- All payments will be automatically paid by credit card on file, if you do not want your payment to be automatically drafted and would like to make your payments by check, cash or money order on the 1st of every month please check the circle.

Please let us know if you have any questions, and we look forward to a wonderful year!

Acknowledgement for payment options:

I have read and fully understand the payment options above. I have made my selection between paid in full option or monthly installments due at the first of every month.

Signature

Name

Date

Sick Policy

In order to maintain the health of our students and our staff, everyone must follow the sick policy at school. To ensure that we all remain healthy at school it is important to keep children home if they are not feeling well or have any communicable diseases. According to the State of California, if your child has any of the following symptoms they are not permitted to be at school and cannot return until they have been symptom and fever free for at least 24 hours:

- Continual drainage from nose, eyes, ears or mouth
- Diarrhea - more than 2 times in 24 hour period (must be symptom free for at least 24 hours before child can return to school)
- Vomiting within the last 24 hours (must be symptom free for at least 24 hours before child can return to school)
- Fever (over 100.4)
- Continuous coughing wet or dry
- Continuous sneezing
- Sore throat
- Undiagnosed rash or without physicians written verification
- Head lice, nits or scabies
- Red, itchy or watery eyes
- Open cold sores or wounds
- Ring worm, impetigo, conjunctivitis
- Lethargic

If we do notice that any child has any of these symptoms while at school they will be isolated from the rest of the students and will need to be picked up within 1 hour from the time parents are contacted. Any child that is not picked up within the hour will be charged \$150 nursing fee for each two hour increment after the 1 hour grace period until child is picked up. Please do not give your child medication just to mask the symptoms so they can come to school; they may still be contagious and spreading germs. **Children must be symptom and fever free for a full 24 hours before they can return to school. Please note that if your child gets sent home from school they will not be able to return to school until they have been fever and symptom free for a full 24 hours.**

As always it is very important to ensure that your children have a well balanced diet, as well as making sure they are following all necessary precautions to avoid spreading germs. We apologize for any inconvenience this may cause, however we appreciate your continued support and respect for our staff and the rest of the students in our care. If we continue to follow these simple guidelines we will be able to maintain a healthier group of students. Please let me know if you have any questions or concerns regarding this matter.

--Please return this portion back to the office--

I have read and understand the sick policy for CVMS.

Child's Name: _____ Date: _____

Parent's Signature _____



2015/16 CVMS REGULATIONS

- **Registration and first month payment installment is due upon enrollment and are non-refundable.**
- **Tuition can be paid in full for the full year, or can be broken up into monthly installments.**
- **Tuition is based on the school year, not the month. If you choose to make monthly installment payments, these do not include the days when school is closed or missed. Full monthly installments are due at the beginning of each month, regardless of days in attendance.**
- **Last installment for school year is due on June 1st. Last installment for school year plus summer is due on Aug 1st.**
- Installments are due on or before the first day of each month, along with any extended hours, or additional fees.
- Tuition can be paid by credit card, check, money order or cash.
- A \$25 late fee will be charged when a payment is received after the 7th of the month.
- In the event you wish to withdraw your child prior to the end of the school year, you may do so by giving written notice at least thirty (30) days prior to such withdrawal. Your tuition for the rest of the school year will be waived.
- In the event that you withdraw your child prior to the end of any month, the installment for the month of tuition paid will not be refunded.
- Tuition will be pro-rated for enrollments commencing after the beginning of the month/year.
- A 10% discount on tuition will be given for a second child enrolled from the same family if both children are enrolled at the same time.
- There is a grace period from 8:30 - 9:00 a.m. and from 2:30 - 3:30 p.m. Children should be signed in and signed out within the grace period every day with a full signature. Children arriving before and/or after this grace period will be on extended care rate.
- There is a one hour minimum charge for day care each day that your child is left past 3:30 p.m. and starts accruing from 3:00 p.m. \$10/hour
- All children must be picked up before 6:00 p.m. daily. If children are picked up after 6:00 p.m., parents will be charged \$55 per day.

I have read and understand the above tuition and rate information. I agree to abide by the CVMS terms and conditions as stated above.

Child's Name _____

Parent Signature _____

Print Name _____



Spanish Montessori Classes

We are excited about our Spanish classes for students that are three years and older!

Spanish classes are parent optional. You may sign up for as many days a week as you would like for your child to attend per month. Ms. Angelica, who is a certified Montessori teacher, will be teaching the Spanish classes Monday through Thursdays. This can automatically be billed to your card with your tuition payment or you can make monthly payments by the 1st of the month.

Monday through Thursday - \$100/month

Monday classes - \$25/ month

Tuesday classes - \$25/month

Wednesday classes - \$25/month

Thursday classes - \$25/month

Child's Name: _____ Date: _____

Please check what days would you like your child to attend Spanish classes (\$25/day per month):

Mondays _____ Tuesdays _____ Wednesdays _____ Thursdays _____ All four days _____

Please bill my card on file along with my tuition payment monthly

I will pay by cash or check by the 1st of each month

I do not want my child to attend Spanish classes

Parent Name

Parent Signature

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://cclid.ca.gov/contact.htm>.



2015 - 2016 Calendar

June - August

End of the Year Party and Last Day of Spring Session - June 10
Preparation for Summer Programs (School Closed) - June 11 and 12
Summer Session Begins - June 15
Independence Day (School Closed) - July 3
Summer Session Ends - August 18
Preparation for New School Year (School Closed) - Aug 19, 20, 21
First Day of School Year - August 24

September

Labor Day - (School Closed) - September 7
Montessori Orientation and Open House - September 9

October - November

Staff Development Day - (School Closed) - October 2
Parent's Education Night - October 8
Teacher/Parent Conferences - October 19 - 29
Halloween Parade - October 30
Veteran's Day - (School Closed) - November 11
Thanksgiving Luncheon (Parent Event) - November 20
Thanksgiving Break (Early Release) - November 25
(School Closed) - November 26 & 27

December - January

Winter Holiday Program (Early Release) - December 18
Day Care Only - December 21 and 22
Winter Recess (School Closed) - December 23 - January 1
Classes Resumes - January 4
Martin Luther King Day (School Closed) - January 18

February - March - April - May - June

Presidents Day (School Closed) - February 15
Teacher/Parent Conferences - March 14 - 25
Spring Recess (School Closed) - April 11 - 15
Memorial Day (School Closed) - May 30
Closing Programs (Early Release) - June 8
Preparation for Summer (School Closed) - June 9 & 10
Summer Session Begins - June 13

First Day of School

I would like to welcome you and your child to Carmel Valley Montessori School. We are happy to have you as part of our school.

We are a traditional Montessori school that works with children individually and at their own pace. We focus on academic, social, and physical development. Aside from our regular Montessori work time, we also offer Zumba, Music and Movement, Spanish, Gardening, Arts and Crafts, and Sport and Fitness Classes as part of a well-rounded program for the children to enjoy.

Please bring in the Following Items on Your Child's First Day of School

- **Print out and bring in all of the completed paperwork from registration page. We must have all paperwork before your child is able to start school.**
- **Physician's report signed by the doctor from the online paperwork**
- **A copy of your child's shot records (yellow card)**
- **2 sets of extra clothes (labeled with child's name)**
- **A jacket or sweater to leave at school**
- **1 fitted crib sheet and a small blanket for nap/rest time**
- **A hat to leave at school if you would like your child to wear one in the playground**
- **Lunch (daily)**

Toddler and Transition Classroom (in addition to the items above)

- **1 box of diapers and wipes**
- **A labeled sippy cup if your child still uses one**

Daily Reminders

- Sign in daily upon arrival and departure with correct time and full signature
- Allow your child to walk in the building carrying their own belongings
- Call or email anytime your child will be absent so we can staff accordingly
- We do not allow pacifier at school, please leave them at home
- Leave all toys, and stuff animals at home
- Apply 8 hour sunscreen on your child before you bring them to school

Door code to enter building is your child's 2 digit birth month and 2 digit birth date followed by a star key. (For example, if your child's birthday is March 6th, your code will be: 0306*)

To make this an easy transition for everyone, we have some recommendations. We understand the first day of school is very difficult for some children (as well parents), the easiest thing to do is to give your child one quick hug and kiss and allow our caring staff to help your child get adjusted to their new school and class. The longer the parents stay and try to console children, the longer the crying will continue. Please do not feel bad about leaving your child if they are crying, our staff will do our best to allow your child to get comfortable with the environment as well as the staff and help your child get acclimated. The longer you stay the harder this adjustment period will be and more of a distraction to the rest of the class.

We do not want your child to feel stressed out in a new environment and feel uncomfortable coming to school. Another suggestion, if you are able to leave your child for just a short amount of time the first couple of days, this will help your child trust that you will come back to get him/her and help with the transitional period. If there are any problems during the day or if your child continues to cry for an unreasonable amount of time we will call you. We will try to give you an update through email when we get a chance, if you don't hear from us please feel free to call or email anytime to check on your child.

Sincerely,

Maryam Hintzen
Director, CVMS

PARENTS:

Children need to have these shots before they can begin child care, kindergarten and 7th grade.

Children entering child care should have:

Age When Enrolling:	Immunizations Required:
2-3 months	1 DTaP, 1 Polio, 1 Hep B, 1 Hib
4-5 months	2 DTaP, 2 Polio, 2 Hep B, 2 Hib
6-14 months	3 DTaP, 2 Polio, 2 Hep B, 2 Hib
15-17 months	3 DTaP, 3 Polio, 2 Hep B, 1 MMR*, 1 Hib*
18 months-4 years	4 DTaP, 3 Polio, 3 Hep B, 1 MMR*, 1 Hib*, 1 Varicella

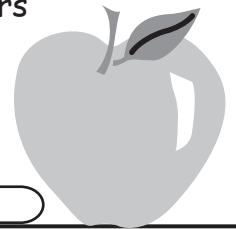
* on or after the 1st birthday

Children entering kindergarten should have:

- 5 DTaP (4 doses meet requirement if at least one was given on or after the 4th birthday)
- 4 Polio (3 doses meet requirement if at least one was given on or after the 4th birthday)
- 3 Hep B
- 2 MMR (1st dose on or after 1st birthday)
- 1 Varicella

Children entering 7th grade should have:

- 3 DTaP (1 more Td/Tdap required if the last dose was given before the 2nd birthday)
- 1 Tdap on or after the 7th birthday is required for:
 - a. all students entering 7-12th grades in 2011-2012 school year; and
 - b. all students entering 7th grade in 2012-2013 and future school years
- 4 Polio (3 doses meet requirement if at least one was given on or after the 2nd birthday)
- 2 MMR (1st dose on or after 1st birthday)
- 1 Varicella



See your child's doctor to make sure your child's immunization record has dates and provider's stamp or signature for these shots. You will need to show your child's yellow immunization record to register your child for child care and school.

For more information about these shots, the diseases they prevent, and immunization requirements for child care and school, please call the County of San Diego Immunization Branch at 1-866-358-2966 or visit www.sdiz.org.



PADRES:

Los niños necesitan estas vacunas antes de que puedan entrar a una guardería, Jardín de Niños y al 7° grado:

Los niños entrando la guardería deben de tener:

Edad de Inscripción:	Vacunas Requeridas:
2-3 meses	1 DTaP, 1 Polio, 1 Hep B, 1 Hib
4-5 meses	2 DTaP, 2 Polio, 2 Hep B, 2 Hib
6-14 meses	3 DTaP, 2 Polio, 2 Hep B, 2 Hib
15-17 meses	3 DTaP, 3 Polio, 2 Hep B, 1 MMR*, 1 Hib*
18 meses-4 años	4 DTaP, 3 Polio, 3 Hep B, 1 MMR*, 1 Hib*. 1 Varicela

* dado en o después de su primer cumpleaños

Los niños entrando al Jardín de Niños deben de tener:

- 5 DTaP (4 dosis satisface este requisito si por lo menos una dosis fue dado en o después del 4a cumpleaños)
- 4 Polio (3 dosis satisface este requisito si por lo menos una dosis fue dado en o después del 4a cumpleaños)
- 3 Hep B
- 2 MMR (Primera dosis dado en o después del primer cumpleaños)
- 1 Varicela

Los niños entrando 7° grado deben de tener:

- 3 DTaP (1 más Td/Tdap de refuerzo si la última dosis fue dado antes del 2o cumpleaños)
- 4 Polio (3 dosis cumpla con este requisito si por lo menos una dosis fue dado en o después del 2o cumpleaños)
- 1 dosis de Tdap en la fecha en que cumple 7 años de edad o después es requerida para :
 - a. Todos los alumnos que ingresan del 7th al 12th grado en el periodo escolar 2011-2012; y
 - b. Todos los alumnos que ingresan al 7th grado en el periodo escolar 2012-2013 en adelante.
- 2 MMR (Ambos dosis dado en o después del primer cumpleaños)
- 1 Varicela



Consulta al doctor de su niño para asegurarse que su cartilla de vacunas tiene las fechas y una firma o estampilla a para documentar estas vacunas. Ud. tendrá que presentar la cartilla amarilla de vacunas de su hijo para inscribirlo en la guardería o escuela.



Para más información sobre estas vacunas, las enfermedades que previenen y las vacunas requeridas para la guardería o escuela, llame al Programa de Inmunización del Condado de San Diego al (619) 692-8661 o visita a nuestra página de Internet al www.sdiz.org.

IMPORTANT INFORMATION FOR PARENTS

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