

# 2023-2024 School Year

# Lancaster Montessori Preschool

# Parent Handbook



## Welcome

We welcome you and your child to Lancaster Montessori preschool! Thank you for choosing our program as a partnership in developing your child. Your child's joy, education, and safety are of utmost importance to us.

This Parent Handbook states the school's policies and is helpful in answering any questions you may have about our program. Welcome to our school community!

## Mission

Our mission is to positively affect our students' lives by encouraging their intellectual, sensorial, emotional, physical and social development. By enriching our program with qualified and skillful staff and the appropriate tools, we will help develop their beautiful minds in a safe, peaceful and joyful environment where they can gain the most out of their preschool experience, mature organically, and develop a life-long love for learning.

## Philosophy

Lancaster Montessori Preschool believes in and follows the Developmental and Montessori Method of teaching. Developed by Dr. Maria Montessori, the method is a child-centered educational approach based on observation where a teacher guides the child according to where they're at in their development. Providing the right guidance in a prepared environment will allow the child to make hands on choices, delve in lessons both individually and in group settings, and develop organically at their own pace. Our approach values the whole child—cognitive, sensorial, emotional, physical, and social.

## Admissions

Lancaster Montessori preschool shall not deny admission to a child or family because of race, religion, national origin or political belief. Before your child may enter school, he /she must be 18 months old and in good health.

Parents/Guardians MUST have these forms completed, signed and returned to the school office before the child starts:

1. Admission Application
2. Enrollment agreement
3. Identification and Emergency Form
4. Parent Handbook Agreement
5. Child Abuse Prevention Form
6. Health History Form
7. Physician's Report Form
8. Up-to-date copy of the child's immunization records
9. Personal Rights Form
10. Parents' Rights Form
11. Medical Consent Form

## Teachers

All of our teachers have their Early Childhood Education, are fingerprinted and registered with the state, and have their CPR and First Aid certifications up to date.

Our teachers are patient, nurturing and dedicated. They use positive reinforcement to help the children achieve higher educational standards. The teachers assess each child and guide them to help them develop organically according to their strengths, abilities and pace of learning.

*\*Under the laws of the State of California, all teachers are mandated reporters and are required by law to report evidence or suspicion of child abuse or neglect to the Child Protective Services or law enforcement officials. Persons found guilty of failure to report abuse are subject to a fine, a jail term, or both.*

### **Tuition**

Our tuition rates are as stated and agreed upon in the Admission Application and at registration.

Upon acceptance, there is a registration fee of \$125 per child and it is non-refundable.

**Tuition is due on the 1<sup>st</sup> day of each month.** A late fee will be applied to the account if tuition is not paid by or before the 5<sup>th</sup> of the month.

Tuition is to be paid in cash or check. All checks are to be made payable to Lancaster Montessori Preschool, Inc.

A \$30 fee will be charged for any bank returned checks. To replace a payment, the school may request payment by cash or cashier's check.

Absences – There are no refunds for children who are absent for any reasons, this includes school closures, emergency school closures, and holidays.

Vacation – Prior notice must be given to the school for vacation leave. All fees must be paid in advance to ensure the child's continued enrollment. Refunds will not be given for vacation time.

Weather/Mother Nature Emergencies – Refunds will not be given should the school be closed due to an emergency such as a health crisis, floods or earthquakes.

Summer Vacations – You are allowed 2 weeks of vacation at the prorated amount during the summer months.

### **CCRC – Childcare Resource Center**

If you're receiving help from CCRC, please note that the hours of approval are the only hours your child can receive care. Please make sure you note the hours you were approved for. Other fees due to the school may not be included with your CCRC contract and must be paid to the school at registration.

### **Re-registration**

Re-registration for the following school year will be done between February and May of each year. A re-registration form and a \$150 re-registration fee is due at that time to ensure your child's space for the following school year. The fee is non-refundable.

### **Hours of Operation and Attendance**

Our hours of operation are from 6:00am to 6:00pm, Monday through Friday.

**Children should be in school by 8:30am** to enjoy a snack before transitioning to their class time. *All children must be in school by 8:55am to start class work time on time. Should your child have an appointment that requires a late arrival, kindly let the office know 24 hours in advance.* **Children are not allowed in school and are considered absent after 10am.**

Once a child is signed out for the day (doctor's appt, etc.), the child is not allowed to return to school.

If a child will be absent or may be running later than their regular attendance schedule, please inform the school via email – [thelancastermontessori@gmail.com](mailto:thelancastermontessori@gmail.com).

Our school is open year-round but we are closed for major holidays or events. Please see the school calendar.

### **Late Pick-Up**

The school is open from 6:00 a.m. to 6:00 p.m., Monday through Friday. **A fee of \$5 per minute will be charged if a child is picked up after 6pm.** This fee must be paid in cash to the teacher that has stayed late with your child. We are able to keep the child in the facility for one hour only. After an hour, and after exhausting all contact numbers on your child's emergency information, we will contact the police to pick up the child.

If the person picking up the child is not able to get to the school by closing time, a phone call must be made to the school to inform the teacher. The school is closed at 6pm. Please make sure you give yourself plenty of time to ensure timely pick-up.

Should you be late to pick up, after the time agreed upon at registration noted in the enrollment paperwork, the charge will be \$20 per hour (example: If your child is scheduled to be picked up at 12:30 and you pick him/her up at 1:45, the charge will be \$40).

### **Daily Sign-In and Out**

By law, parents and guardians must sign the child in at drop-off and sign the child out at pick-up. The sign-in/out sheet should indicate the correct hour and minute of drop-off and pick-up, and must show full and legal signatures. All people permitted to pick up the child must be 18 (eighteen) years of age or older and must be on the child's emergency information. A valid picture ID will be requested of anyone who is not known by the teachers. We will NOT release the child without full verification of the adult picking him/her up. Again, once a child is signed out of the school, he/she cannot return for that day, nor can the child be on the school grounds (playground included). Once a child is signed out of the school, he/she is the parent/guardian's responsibility. Upon arrival and departure, ALWAYS make eye contact with the teacher to ensure that they see you and are well-aware that your child is coming or going. Do not just let them wander in or out without a teacher seeing you. Safety is first!

### **Termination of Enrollment**

If a child will withdraw from the school, we ask that a written notice is given to the school 30 days before the child's last day of attendance. The school will terminate enrollment of a child should the child put other children in danger or when their own or the other children's safety may be at risk. Reasons for termination are the following but are not limited to: Unusual aggressive behavior, repeated biting, frequent and/or forceful fighting, lack of respect toward others, lack of respect or cooperation, or failure to comply with the school policies by the parents/guardians, and such. *The school reserves the right to request withdrawal of any student or parent who fails to conform to the rules and regulations. Dismissal or request for withdrawal may occur without the making of specific warnings.*

### **Class Arrival and Work Time**

It is important that children are in school by 8:30am. This will ease their transition into class time after snack. The class circle times start at 9am. Coming in late may be a distraction to the children that are already there. Should your child be late due to an appointment, please do not interrupt the classroom. Quietly lead your child in and allow them to integrate with the class. Please do not interrupt the class or a child at work disrupting their concentration. It is important to us those children carry on focused on their work.

Classrooms schedules are posted in the classrooms. They are subject to change based on the day, the weather and the overall atmosphere of the class. Changes in outdoor activities may particularly change during the summer and winter months due to the weather.

### **Respect**

Throughout the year, the children are taught respect for each other, the other children's personal space, their teachers and the classroom. Grace, courtesy and order are all part of the curriculum. Please help us continue these life lessons at home. Some of our rules are: keeping our hands to ourselves – our hands are for helping, not for hurting – being gentle – kisses are for mommy and daddy, not for our friends – we do not go into the restroom if someone is in there already (regardless of gender, even for hand-washing), unless a teacher is present inside the bathroom and states it is okay (she may be cleaning something or changing another child). We treat the work with respect – we do not step on work rugs – we handle the work with care – we put things back where they belong and how they belong – we push in our chairs – we do our best in everything we do!

It is important that we model such behavior around them.

### **Injuries/Accidents/Safety**

Injuries do happen in school. It may be a scraped elbow or knee, or a bump. Please understand that this is a part of their development, learning to take precaution, watching their step, balance, etc. All children are asked to always let the teachers know if they have had even the smallest of injuries (tiny scratch, bump) to ensure they're evaluated properly by the teacher. That is not limited to just injuries, this includes all instances of bullying or anything hurtful. They are also taught to use their big voice to say "STOP!" when needed. We ask you to please reiterate that at home so that they always remember. We do not want them to accidentally bump into each other and happily carry on. We want to make sure we check them properly for any injuries, no matter how small.

If a child is seriously injured at the school, the Teacher or person in charge will call 911, based on the nature and severity of the injury. The Parent/Guardian will be notified immediately after. For minor injuries, the school will fill out an "Ouch" Accident Report to give to the parents upon pick-up time. The form will indicate the description of the injury and the treatment received from the Teacher. Parents will sign the form; a copy will be made for the school's records and the original form will be given to the parent. Should the injury occur on the head or face, a courtesy phone call will be given to the parent to let them know of the injury.

When a child is involved in a conflict resulting in injury, due to privacy reasons, we may not release the name of the child(ren) involved. For example: Joey wants the toy another child has and pulls it out of his hands. He gets bitten by the child. We will tell you Joey was bitten but we cannot release the name of the child who bit him.

### **Vaccinations**

All children admitted to the school MUST have their vaccinations up to date. The Parents/Guardians must provide a copy of the child's immunization records.

### **Health and Medical Safety**

Children who are sick or show any signs of illness should not be brought in to school. Children with fever, pink eye, diarrhea, runny nose, green mucus, or any other serious and/or contagious illness should be kept at home.

If a child becomes sick while in school, the parent or an authorized person will be contacted and must assume responsibility for picking up the child within one hour. **Please make sure you have a trusted and reliable back-up person in case you're not able to pick-up your child.**

Children returning to school after hospitalization or recovery from a contagious illness must have a written release or clearance from their Doctor. The same applies for children returning with crutches, casts, or an orthopedic device and the school must receive a doctor's note indicating what the child can and cannot do, limitations, etc.

Health and Medical Safety Continued:

Children will be sent home under the following circumstances but not limited to these:

- After throwing up or having diarrhea twice in that day. They will not be allowed back in school until they are 72 hours free of throwing up or diarrhea.
- If they have a fever. They will not be allowed back in school until they are 72 hours fever free.
- If they have green mucus/snot coming out of their nose or in their cough. This is an indication of an infection.
- If lice if found in their hair, the child needs to be treated and free of nits (eggs) to be readmitted to the school.
- If they display signs of Pink Eye (Conjunctivitis), Hand Foot Mouth, etc.

**Allergies:** The school should be notified of ANY and ALL allergies that the child has.

**Pink Eye, Hand Foot Mouth, Lice or anything seriously contagious:** Please give the school a courtesy phone call and email to inform the school if your child has something as such. This will allow us to inform the parents (respecting the privacy of the affected child) and will allow us to assess our students to help make sure it is contained and does not spread.

**Medication**

The school does not administer or allow any over-the-counter medications, vitamins, or cough drops of any types. We will administer PRESCRIPTION medications only with the written prescription from the Doctor. The medication must come in its original bottle/box/container and must have the child's full name with the physician's information and dosage. We will not administer anything that is not current, correct, or in its original container.

A Medication Form must be filled out by the Parent/Guardian before any medication is administered.

\*In case of an emergency, we will call 911.

**Medication – Inhaler, EpiPen, or any medication that must stay in the school or will be administered on a regular basis.**

**The medication must have the child's full name with the Doctor's information, reason for administration and the dosage.**

**We will not administer anything that is not current, correct, or in its original package/container.**

**A Medication Form must be filled out by the parent.**

**The Parent must also submit a letter from the Doctor in letterhead, with the Doctor's information (name, hospital/clinic/office address, and contact information such as a phone number), and his/her original signature in blue or black ink. The letter must indicate the child's name, diagnosis, the medication's name, dosage and how to administer it in a step-by-step format.**

The school will submit an Incidental Medical Service (IMS) to the state licensing division for their records. Therefore, all information must be current and up-to-date. It is the parent's responsibility to keep the school informed and up-to-date on all medications or health concerns pertaining to the child.

***All medications and forms must be given to the school Director or a Teacher. They MUST NOT be packed in the child's lunch box or backpack. It is extremely dangerous to do so as the child or another student may be affected.***

**Parent Conflict Procedures**

If a parent has any questions, concerns, or grievances involving their child, the staff, parents, or students affiliated with the school, the parent should inform the school immediately so that it is resolved promptly. Your child's safety is of utmost importance to us and we want to make sure that all matters are handled promptly and in a proper manner.

All concerns should be attended to in the following subsequent order: Teacher, Assistant Director, Director, Owner, and then Licensing. Parents should not address other children or parents personally regarding complaints.

Parents must remember to treat all individuals in a courteous manner and with respect. For the safety of the children in our care, if a parent should disrespect or threaten an individual affiliated with the school, we reserve the right to terminate enrollment and a report may be made. We have an open-door policy in which we gladly accept discussions regarding any school related matters and will do our best to resolve them.

**Staff and Students' Family Privacy**

The staff is not allowed to give parents personal information such as their own or any of our students' family's telephone numbers, emails, or addresses. Please visit, call or email the school directly. Do not attempt to contact a staff member via cell phone, email or social media, etc.

If you would like to communicate with a child's parents, you may write them a note and place it in their file folder for them to pick up.

## **Discipline**

Discipline shall be handled in a positive and constructive manner, appropriate for the age level and individual/group needs.

Rules are to be followed calmly, firmly and consistently as they are for the protection of the children and the school.

Methods used promote positive discipline are:

Redirection – leading children to become involved in an activity better suited for their needs at that moment. This method is often used on the younger children.

Conflict Resolution – children learn to handle disputes between each other. Conflict resolution is a problem-solving approach used by teachers and/or parents to help young children learn to resolve differences in a peaceful matter using their words. Children discuss and resolve disputes with the help of an adult or child mediator and they are encouraged to discuss what happened, how they feel, and what they can do to reach an agreement to solve their conflict.

Time to Think – when a child has been reminded of what is expected (the rules) and chooses to carry on in the risky or disruptive activity, they may need to calm their body and may need to pause to do so. This gives them time to think – think about the rules, his/her safety, respect, etc. based on the situation. After a few minutes, a teacher will approach the child to discuss the matter.

Should an issue/problem persist or depending on the situation and nature of the problem, parents will be asked to get involved to help aid the situation. They may be called to pick-up the child. In such instances, a parent or guardian MUST be available to pick-up the child.

Should it interfere with the children's safety, the parents may be asked to remove the child from the program, terminating enrollment.

## **Dress Code**

For the protection of their feet, children are not allowed to come to school in open-toe shoes or Crocs. Fastened and stable tennis shoes are best and most secure for running and playing.

Clothing appropriate for play, art, and exploring are best. We kindly ask that all girls wear shorts underneath their dresses.

Valuable/expensive clothing should not be worn to school, as children are likely to make messes and damage clothing while at school. *The school is not and will not be held responsible for and will not reimburse or replace any damaged or lost clothing and/or items including but not limited to; jewelry, bags, lunch boxes, backpacks, toys, etc. Please keep this in mind when dressing and sending your child to school.*

All items, including clothing (jackets, sweaters, extra clothing), brought to school must be labeled with the child's FULL name. If an item does not have the child's name on it, if the teacher knows it belongs to him/her, she will write the child's name on the item with a Sharpie.

## **Diaper Changing and Potty Training**

If a child is in diapers/pull-ups or is potty training, please provide diapers/pull-ups and wipes for the week or month in a timely manner. The teacher will request more when needed. When providing pull-ups, please bring the kind that fasten on the sides. We change many kids and this will facilitate the process. Please keep extra changes of clothes in the child's backpack for changing. If a child is potty training, please bring several changes of clothes, including underwear, shorts/pants and tennis shoes. The school does NOT have extra clothes to be provided to him/her.

## **Nut-Free and Sugar-Free Policy**

We are a sugar-free and nut-free school. Please do not provide any sweets or surgery foods (cookies, candy, juices, go-guts, etc...) or any nut products (peanut, almond or nut butters, trail mix, nuttered breads, bars, etc.). They will be sent back home.

## **Breakfast**

If your child comes between the hours of 6am and 8:30am, he/she can bring in his/her breakfast and enjoy it here. Please keep in mind that the nut and sugar policy still apply, and they will not be able to have sugary cereals or muffins (such as chocolate muffins) in school. Breakfast is not permitted after 8:40am, as class time will soon be in session and clean up is to be done.

## **Lunch**

We ask that you provide a nutritious lunch for your child. We will warm up their food if necessary. Please provide microwaveable containers labeled with your child's name. Please label all containers and cloth placemat with the child's name.

## **Snacks**

Lancaster Montessori Preschool provides two snacks per day. one in the morning and one in the afternoon. Please note that we will give them what is in their lunch box first. Should they have a snack in their lunch box, they will have it at snack time. School snacks consist of 2 of the following: fresh fruit/vegetable (seasonal), crackers and/or apple juice at each snack time, alternating the choices. See snack schedule. Snack may also change based on a celebration or season. For example, if a child celebrates a birthday at the school and brings a fresh fruit salad or we may have a potluck and have extra "string cheese", we will have that at snack time. Of course, we will take allergies into consideration, as we always do.

Please let the school and teachers know of any food allergies your child may have. Our students' safety comes first.

### **Water Bottles**

We have water available in every classroom at all times. However, we do ask that all children bring their own water bottles daily with fresh water. This encourages them to stay hydrated throughout the day. We will fill up their water bottles when necessary and as often as needed. Please label their water bottles with their full name.

### **Nap Time**

All children take a nap in the middle of the day. Parents must provide a crib-size bed sheet with the elastic on it and a small blanket. The children bring it on Monday morning and take it home on Friday for washing. We do not have nor provide extra bedding. If a child does not bring in a bed sheet or a wrong size bed sheet, a teacher will call the parent to bring one.

### **Parent/Teacher Conferences**

A conference will be requested with every child's parents' twice during the school year. Your child's progress will be discussed then, however, if you need to make a formal conference at any time throughout the year, please inform your child's teacher and she will make an appointment to meet with you.

### **Recitals, Potlucks, Volunteering and Helping The School**

We have two big events in our school year – a Winter Recital in December and an End of the School Year Recital and Graduation in June. This is a time for us to come together, see the children perform and enjoy our time together. We may have a potluck at those celebrations and may ask all parents to provide something for the feast.

We will have different potlucks and celebrations during the school year in which we will also ask you to participate by bringing or donating something. Such celebrations include our Thanksgiving Feast, Chinese New Year, Spring Feast, etc.

We also invite parents to volunteer should they have a special presentation for our children based on what they're learning that month. For example: if we are learning about the continent of Europe, and you're European and have a special lesson for them and some items, pictures, etc. you'd like to show them, you can discuss it with the teacher and set up a time to give the lesson to the class. This is always a wonderful treat for the children, and the teachers! ☺

Teachers often (very often) purchase things for their class. Please help us throughout the school year. Throughout the year you will see a "helping hands" box. On each helping hand is an item that you can help us with, such as butcher paper, pink and gold pencils, sharpies, highlighters, art tissue, paint, etc. If you're able to help with one, two or more things, please feel free to do so. We greatly appreciate it!

### **Birthday Celebrations**

We celebrate birthdays with a "Celebration of Life!" It is a special event that is celebrated by explaining the child's development and the relationship between the earth's rotation around the sun, their birth date and month, and years lived. This gives children a sense of history and pride in knowing how much they have grown and developed. We ask the parents to bring pictures too.

See the "Celebration of Life" sheet for more information. Talk to your child's teacher at least a week prior to your child's birthday so that it can be planned accordingly.

### **Share Day**

Share Day is on Friday. Since we have monthly themes, the share item could be related to the theme being studied, or it could be a toy of your child's choice.

Rules: It must be small enough to fit into his/her cubby.

It cannot promote violence in any way (such as swords, toy guns, etc.)

It cannot be fragile (such as glass, ceramic, or tablets)

It cannot be of great monetary or sentimental value

The school is not and will not be held responsible for lost or broken items.

All items should be labeled with your child's full name.

### **Damages**

Parents shall reimburse the school for any and all damages done by the child or by the parent to school materials and/or facility, and shall pay for any and all costs for repairs and/or replacements thereof.

### **Pictures/Photographs/Video**

The classrooms do have cameras and the teachers do take pictures of the children at work and play for the purpose of using the pictures in school newsletters, on line advertising, social media (when and if there is a private account for the school), promotional purposes (keeping the children's eyes private), etc.

**Fundraisers**

The school may hold a couple of fundraisers throughout the school year. Your participation is important. Should you have any ideas, contributions, are willing to help, etc. Please speak to the Director. Any help to our school, classrooms and/or teachers is greatly appreciated. Thank you!

I hereby give permission to Lancaster Montessori Preschool to video record and photograph my child during the normal course of activities while present at school. It is my understanding that any photographs taken may be used in newsletters and/or for advertising/promotional purposes.

\_\_\_\_\_ *(Parent/Guardians' Initials)*

***Welcome to Lancaster Montessori Preschool!***

I hereby attest that I have read the Lancaster Montessori Preschool Parent Handbook and understand and agree to its contents. I have a clear understating on the school's policies, procedures, rules and regulations and will follow them accordingly. I understand that the school reserves the right to terminate enrollment if they are not fulfilled/met.

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School Year: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Upon signing and submitting this to the school, you will receive one copy of this agreement for your records.

# 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		
39115 Trade Center Drive Suite #201		
ADDRESS		
Palmdale	Ca	661-202-3810
CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Palmdale		

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)	(PRINT THE ADDRESS OF THE FACILITY)
(PRINT THE NAME OF THE CHILD)	
(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	
(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)



# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

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AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Lancaster Montessori Preschool \_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER  
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD

NAMED ABOVE.

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CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
HOME PHONE

( )

\_\_\_\_\_  
WORK PHONE

( )

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

**To Be Completed by Parent or Authorized Representative**

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )	
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST			BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE ( )
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST			BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD	LAST	MIDDLE	FIRST		HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

**ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY**

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

**PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY**

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL       OTHER    EXPLAIN: \_\_\_\_\_

**NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY**  
 (CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN  
 AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

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

DATE OF ADMISSION	LAST DATE OF ENROLLMENT

# PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

## PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)

\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to \_\_\_\_\_ a.m./p.m. , \_\_\_\_\_ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(TODAY'S DATE)

## PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_

Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_

Developmental: \_\_\_\_\_ Food: \_\_\_\_\_

Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_

Dental: \_\_\_\_\_

Other (Include behavioral concerns): \_\_\_\_\_

Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

### IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

#### SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
- \_\_\_ Communicable TB disease not present.

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

Physician: \_\_\_\_\_

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

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

Date of Physical Exam: \_\_\_\_\_

Date This Form Completed: \_\_\_\_\_

Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner

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**RISK FACTORS FOR TB IN CHILDREN:**

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

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

## CHILD’S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD’S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE 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 / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

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

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS, SISTERS AND OTHER CHILDREN?

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HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

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REASON FOR REQUESTING DAY CARE PLACEMENT

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PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
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## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

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### 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

Licensing Office Address: 39115 Trade Center Drive Suite 201 Palmdale Ca 93551

Licensing Office Telephone #: 661-202-3318

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](http://www.meganslaw.ca.gov)*

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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### 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](http://www.meganslaw.ca.gov)*

# Children's Records Checklist

Name \_\_\_\_\_ Start Date \_\_\_\_\_  
DOB \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

\_\_\_\_\_ Enrollment & Tuition Agreement

\_\_\_\_\_ Registration Form

\_\_\_\_\_ ID and Emergency Info (LIC 700)

\_\_\_\_\_ Health History (LIC 702)

\_\_\_\_\_ Consent for Medical Treatment (LIC 627)

\_\_\_\_\_ Allergies & Food Restrictions Form (only if applicable)

\_\_\_\_\_ Allergies & Food Restrictions Posting Waiver (only if applicable)

\_\_\_\_\_ Physician Report (LIC 701)

\_\_\_\_\_ Immunization Record

\_\_\_\_\_ Blue Card

\_\_\_\_\_ Admission Agreement

\_\_\_\_\_ Parent's Rights (LIC 995)

\_\_\_\_\_ Personal Rights (LIC 613A)

\_\_\_\_\_ Child Abuse Prevention & Protection

✓ Attendance Records

✓ Ouch Reports (to be placed at the very back behind all documents)

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fees:

\_\_\_\_\_ Enrollment Fee Paid

# Allergies & Food Restrictions

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

Age \_\_\_\_\_

At Sierra School, we follow food and health guidelines set by Title 22 and the health department for our students. Every effort to accommodate your child's dietary requirements will be made.

If your child is restricted from eating any foods for **medical or religious reasons**, please indicate the restrictions below.

**Do not list food dislikes or preferences on this form.**

Restricted foods:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for restriction (documentation may be required):

\_\_\_\_ Allergy/medical

\_\_\_\_ Religious

\_\_\_\_ Other (please specify) \_\_\_\_\_

Please list all other allergies below (for example: penicillin, bee stings, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Allergy & Food Restriction Posting Waiver

To the parent/guardian(s) of \_\_\_\_\_

You have identified your child as having one of the following health concerns:

\_\_\_\_\_ Food Allergy \_\_\_\_\_

\_\_\_\_\_ Restriction from certain food(s) \_\_\_\_\_

\_\_\_\_\_ Environmental Allergies \_\_\_\_\_

\_\_\_\_\_ Health Concerns \_\_\_\_\_

Known allergies and food restrictions need to be posted in the kitchen, all classrooms, and where food is served. This list enables the staff and substitutes to have a reference for known allergies and restrictions.

Please sign the form giving Sierra Montessori Preschool permission to post your child's name and restrictions on a list of all known allergies and restrictions throughout the school.

Thank you for helping make Sierra Montessori Preschool safe for all children. If there are changes in your child's needs, please notify the school office in writing.

I/we give permission for Sierra Montessori Preschool to include my/our child's information on the "Allergy/Restriction List" that is posted throughout the school.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

Sierra Montessori Preschool  
Sierra School, 18045-47 Sierra Hwy  
Canyon Country, CA 91351 LIC# 197403707

Student ID Number \_\_\_\_\_  
(Required)

# CALIFORNIA SCHOOL IMMUNIZATION RECORD

0 First Grade Certificate   
5  
3

*This record is part of the student's permanent record (cumulative folder) as defined in Section 49068 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools, child care facilities, and family day care homes.*

**This record must be completed by school and child care personnel from an immunization record provided by parent or guardian. See reverse side for instructions.**

Student Name \_\_\_\_\_ Sex: M  F  Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Daytime \_\_\_\_\_ Nighttime \_\_\_\_\_

Race/Ethnicity:  
 White, not Hispanic  
 Hispanic  
 Black  
 Other \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV or IVP)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/DT/Td (Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)	/ /	/ /	/ /	/ /	/ /
MMR (Measles, mumps, and rubella)	/ /	/ /			
HIB MENINGITIS (Required for preschool) (Haemophilus B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (Chickenpox)	/ /	/ /			

TB SKIN TESTS	Type*	Date given	Date read	Imm indur	Impression
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other	/ /	/ /		<input type="checkbox"/> Pos <input type="checkbox"/> Neg
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other	/ /	/ /		<input type="checkbox"/> Pos <input type="checkbox"/> Neg

\*If required for school entry, must be Mantoux unless exception granted by local health department

CHEST X-RAY (Necessary if skin test positive.)  
 Film date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Impression  normal  abnormal  
 Person is free of communicable tuberculosis:  yes  no

**I. DOCUMENTATION**

I certify that I reviewed a record of this child's immunization and transcribed it accurately: Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Staff: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Record presented was:  
 Yellow California Imm. Record  
 Out-of-state school record  
 Other immunization record  
 Specify: \_\_\_\_\_

**II. STATUS OF REQUIREMENTS**

A. All requirements are met.  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

B. Currently up-to-date, but more doses are due later. Needs follow-up.

Exemption was granted for:  
 C. Medical Reasons-Permanent  
 D. Medical Reasons-Temporary  
 E. Personal Beliefs

**E-91 CODE**  
 0 - Incomplete  
 1 - Complete  
 3 - Personal  
 4 - Medical

Check on your Immunization Following Roster. Submit corrected E-91 when status changes.

STATE OF CALIFORNIA-DEPARTMENT OF HEALTH SERVICES  
 IMMUNIZATION BRANCH

SU-47 (REV. 06/12)

PM 286 (6/95)  
 95 27870



## LANCASTER MONTESSORI PRESCHOOL CHILD ABUSE PREVENTION & PROTECTION

Section 11166 of the Penal Code requires any child care custodian, medical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his/her professional capacity or within the scope of his/her employment whom he/she knows or reasonably suspects has been the victim of child abuse, to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

**“Child Care Custodian”** includes teachers, licensed day care workers, administrators of community care facilities licensed to care for children, foster parents and group home personnel.

Should an investigation take place that involves any of the children in our care, an authority such as a Police Officer, Sheriff, Investigator, Social Worker and/or Social Services Department (State Licensing) personnel is allowed to come into the facility and interview staff members and/or any child(ren) without prior notice or any notice to the school and the parent(s), as stated in Title 22 - 101200 (b).

As a parent of a child in this facility, I understand that child abuse is a very serious matter and investigations take place. Therefore, I am mandated to comply with the reporting requirements and actions stated above.

I, \_\_\_\_\_, have read and understand the requirements of the Penal Code Section 11166 and Title 22 - 101200 (b) as outlined above and will comply with those provisions.

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

Parent/Guardian's Name: \_\_\_\_\_

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

Parent/Guardian's Name: \_\_\_\_\_

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



LANCASTER MONTESSORI PRESCHOOL

Tuition Agreement

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

Select Program: \_\_\_ Toddler / \_\_\_ Preschool

BASIC SERVICE: We offer a comprehensive and balanced preschool program, based on the Montessori philosophy and the incorporating of the best educational practices for the benefit and security of all children.

FULL DAY PROGRAM: 6:00am - 6:00pm. HALF DAY PROGRAM: 7:30am - 12:30pm

FREQUENCY: 5, 4 or 3 days a week, based on the agreement made with the school and in accordance with the student-teacher ratios.

We observe all major holidays as stated in the school calendar. NO MAKE-UP CLASSES.

TUITION SCHEDULE – Circle the option that fits your needs for childcare.

Table with 7 columns: Program, Preschool Ages 2-7 (Potty Trained), Preschool Ages 2-7 (NOT Potty Trained), Late Tuition Payment (if not paid by 5th), Toddler Ages 18 Months-2 Years old, Late Tuition Payment (if not paid by 5th), and Tuition Agreement (Monthly Rate, Schedule and Days of attendance, Time, Days, CCRC).

Initial for each:

- Children are allowed to attend school based on the agreement in the contract (days and hours), and according to student-teacher ratio. Absences are not allowed to be made up.
Should changes need to be made to the attendance schedule, it must be discussed and arranged with the school director.
Tuition is paid on or before the 1st (first) of the month.
Tuition can only be paid in cash or check. All checks are to be made payable to Lancaster Montessori Preschool, Inc.
A \$150 enrollment fee is due at the time of registration. This fee is non-refundable.
Enrollment fee is to be paid at the time of re-registration in February of each year, for the following school year.
Refunds or credits are not given for holidays, school closures, vacations, sickness, emergencies, absences.
A 30 days written notice is required for the withdrawal of the child. In such cases, tuition will be prorated accordingly.
A \$30 fee will be added to the account for any bank returned check.

ARBITRATION STATEMENT: I agree to arbitrate any dispute that may arise from the care of my child with Lancaster Montessori School in accordance with the American Arbitration Association, with the exception of any financial disputes that may occur between both parties.

Lancaster Montessori School reserves the right to modify this agreement at any time by giving the payer a 30 day written notice of any modification.

I HAVE READ AND FULLY UNDERSTAND THE TUITION AGREEMENT AND HAVE RECEIVED A COPY. I agree to pay all outstanding balances at the time of withdrawal, or the account may be referred to a collection agency or directed to small Claims Court.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_