



Elk Grove Montessori School

Student  
Enrollment  
Packet

COMPLETED FORMS AND A COPY OF YOUR CHILD'S SHOT RECORD  
MUST BE RETURNED TO THE OFFICE PRIOR TO YOUR START DATE.

# KEEP ME HOME IF...



Two or more times in 24 hours

Body rash, especially with a fever or itching. Lice or nits.

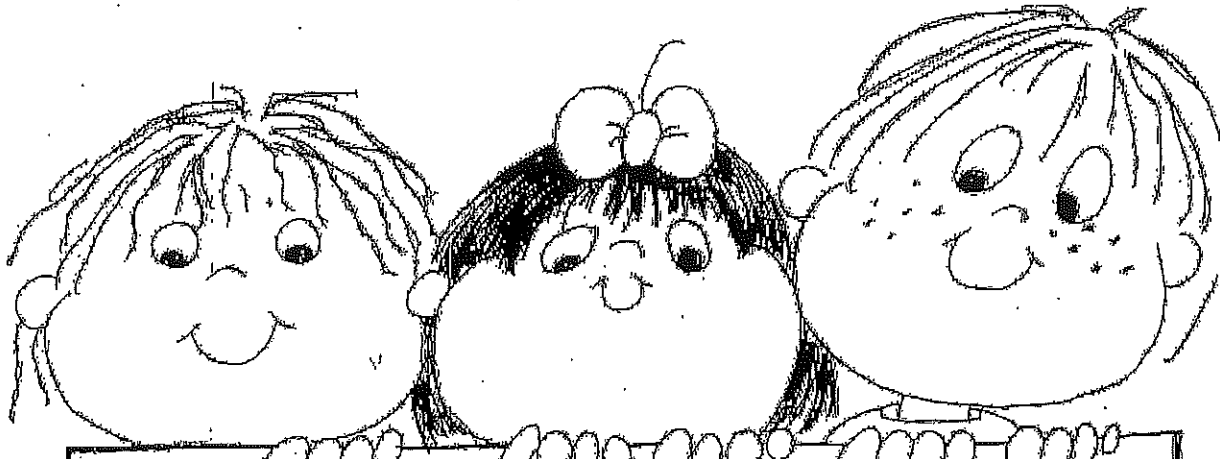
3 or more watery stools in 24 hours.

Thick mucus or pus draining from the eye.

With fever or swollen glands.

Unusually tired, pale, lack of appetite, confused or cranky.

Temperature of 100°F or more, (taken under the arm) AND sore throat, rash, vomiting, diarrhea, earache or just not feeling good.



Children will not be enrolled unless an immunization record is presented and immunizations are up-to-date.\*

*\*If your child is unimmunized due to religious, personal, or medical reasons, please notify us.*

# 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:

River City Regional Office

NAME

Community Care Licensing

ADDRESS

2525 Natomas Park Dr. Suite 250

CITY

Sacramento

ZIP CODE

95833

AREA CODE/TELEPHONE NUMBER

916-263-5744

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)

Elk Grove Montessori School

(PRINT THE ADDRESS OF THE FACILITY)

8842 Williamson Dr, Elk Grove, CA 95824

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

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

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ( )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

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

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

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

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

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

CALL EMERGENCY HOSPITAL

OTHER

EXPLAIN: \_\_\_\_\_

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

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

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

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

DATE OF ADMISSION

DATE LEFT

**CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT**

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER 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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# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

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

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

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

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

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

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_  
DATE

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

HOME ADDRESS

HOME PHONE

( )

WORK PHONE

( )



# Elk Grove Montessori School

## AUTHORIZATION REPORT FORM

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

Parent / Guardian Name(s): \_\_\_\_\_

Daytime Phone of Parent / Guardian: \_\_\_\_\_

Physician Name AND Phone Number: \_\_\_\_\_

### ALLERGY REPORT - ( ELK GROVE MONTESSORI IS A NUT FREE ENVIRONMENT )

TYPE OF ALLERGY: \_\_\_\_\_

SPECIAL HEALTH CONDITION(S): \_\_\_\_\_

MY CHILD HAS NO KNOWN ALLERGIES: \_\_\_\_\_

### SUN SCREEN PERMISSION FORM

STUDENT'S NAME: \_\_\_\_\_

Elk Grove Montessori School has my permission to apply sunscreen on my child as needed. We / I as the parent or guardian will provide the sunscreen.

### MEDIA RELEASE FORM

I give permission for photographs of my child/ren to be used in Elk Grove Montessori School printed and website materials. (e.g., picture of children at a fundraiser, during work time or recess, names NEVER included).

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

## 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: \_\_\_\_\_

Licensing Office Address: \_\_\_\_\_

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](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)*





# Elk Grove Montessori School

## Family Tuition Agreement

The following are the terms and conditions with regard your tuition responsibilities with SBN Ladybug Corporation, dab Elk Grove Montessori School. Please read this document carefully, sign and return to the school office prior to the first day of your child's attendance. This is a legal and binding agreement between the undersigned and the school. Failure to sign and return will automatically terminate your child's enrollment.

\_\_\_\_\_ is enrolled at Elk Grove Montessori School in the following program: \_\_\_\_\_ Monthly tuition for this program is \$ \_\_\_\_\_, which include the following adjustments (if any) \_\_\_\_\_

The following fees have also been paid: \_\_\_\_\_ non-refundable registration - \$175.00 \_\_\_\_\_ annual re-registration - \$ 5000

- > Tuition payments are due on the 1<sup>st</sup>. Payments received after the 5<sup>th</sup> of the month will incur a \$35 late fee on the total due. Accounts past due 30 days are subject to finance charges at the rate of 15% (18% annual).
- > There will be a \$25 returned item charge on all returned checks and credit card transactions.
- > The school reserves the right to increase tuition with 30 days written notice.
- > If you withdraw your child during the month, tuition is prorated based on the actual number of weeks in attendance. The calculation is 43 weeks per month. Please note that a 2 week written notice is required upon withdrawal. If notice is not given, an adjustment of 2 weeks tuition is applied to your account.
- > Parents, legal guardians and all parties who assume financial responsibilities for the child are obligated for 100% of the tuition, fees or other agreed upon costs related to the child's attendance. Any agreements between the above parties are not binding and may not substitute Elk Grove Montessori Family Tuition Agreement.
- > Please consult the office for tuition proration at 685-6540. Time off for illness is not credited.
- > Tuition and fees are calculated on an annual basis, without reduction for holidays, vacations, and Professional in-service days for teachers, student absences or illness. School breaks, holidays and professional in-service days for the year are shown on the school calendar. December is a full pay month. No credit or refund will be owed if the school closes because of an emergency or inclement weather.
- > Please consult the office about scheduling vacation time; tuition can be credited, but there may be a charge to hold the program open.
  - 2 day program - \$150
  - 3 day program - \$250
  - 5 day program - \$350
- > Late pick-up will result in additional charges of \$1 per minute past the scheduled program time.
- > All children enter the program with a 2 week trial period. During this time either the parents or the school has the right to terminate this agreement. Minimum tuition fee for all new enrollments is two weeks of posted program fees.
- > The school reserves the right to terminate the agreement at any time. Parents not adhering to school guidelines and requests of the administration may be asked to dis-enroll upon immediate notification.
- > Enrollment space is limited, children progress to the next group only as space is available.
- > All forms provided to parents must be completed and returned to the school office before the child enters the program.
- > Full disclosure of the child's health history is required. Failure to disclose health history automatically terminates this agreement. If your child requires special accommodations, please notify the director in writing upon enrollment, or any time during enrollment.
- > All legal and collection fees required to enforce this agreement become the responsibility of the undersigned. The undersigned also agrees to be bound by the decision of a neutral arbitrator in deciding issues relating to tuition, attendance or care received at Elk Grove Montessori School.

I have read the Family Tuition Agreement along with the terms and conditions set forth in the Parent Handbook, and understand my responsibilities to SBN Ladybug Corporation, dab Elk Grove Montessori School.

Parent/Guardian #1: \_\_\_\_\_ SSN: \_\_\_\_\_ DLN: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ SSN: \_\_\_\_\_ DLN: \_\_\_\_\_

School Administration: \_\_\_\_\_ Date: \_\_\_\_\_



# Elk Grove Montessori School

## FACILITY ROSTER INFORMATION

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

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

Parent 1, Name: \_\_\_\_\_

Parent 1, Daytime Phone Number: \_\_\_\_\_

Parent 2, Name: \_\_\_\_\_

Parent 1, Daytime Phone Number: \_\_\_\_\_

Childs Physician's Name: \_\_\_\_\_

Childs Physician's Phone Number: \_\_\_\_\_

# Elk Grove Montessori School

## Toddler Option Authorization Form

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

Parent's Name: \_\_\_\_\_

I wish for my child to participate in the TODDLER OPTION program beginning:

\_\_\_\_\_

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I wish for my child to dis-enroll from the TODDLER OPTION program, beginning a transition into the PRESCHOOL program during the month of:

\_\_\_\_\_

Allowing them to be a PRESCHOOL student beginning the month of:

\_\_\_\_\_



# Elk Grove Montessori School

## CREDIT CARD AUTHORIZATION FOR PAYMENT OF TUITION

AUTHORIZATION - PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY

I authorize Elk Grove Montessori School to automatically charge my credit card to pay my monthly tuition:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PLEASE NOTE: THIS AUTHORIZATION MUST BE UPDATED AT THE END OF EVERY YEAR

\*\*\*\* THERE IS A \$25 CHARGE FOR RETURNED ITEMS

CREDIT CARD INFORMATION - PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY

TYPE OF CREDIT CARD: MC: \_\_\_\_\_ VISA: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ / \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

CVC #: \_\_\_\_\_

AUTHORIZATION AMOUNTS: TOTAL MONTHLY TUITION \$ \_\_\_\_\_

# Student Information

## Early Childhood

(To be completed by parent/guardian living with child)

Dear Parents:-

As you understand the necessity to choose the environment that best suits the needs of your child, it is as crucially important for us to know the child as you do. Information you can provide us regarding your child's home environment, special needs, etc. allows our staff opportunities towards enhancing and securing your child. The information in this packet is only available to our administration and staff. We assure you that all matters listed in this packet are confidential. Thank you for taking the time to help us understand and work more effectively with your child.

### Home Environment

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

### Parent/Guardians

\_\_\_\_\_

### Siblings in the Family

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_

Does your child have playmates within your neighborhood? \_\_\_\_\_. If so, please list ages with whom she/he plays with.

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Cognitive Development:**

Is this your child's first school experience? \_\_\_\_\_

How did you hear about our school?

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Has your child attended another school? Please give us a brief reason for leaving the school?

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Briefly, share with us what you would most like your child to achieve from attending our Montessori environment:

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Please share with us how our school can accommodate your needs as a parent?

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What do you see within our school that you feel your child could benefit?

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**Physical Development**

Please list any concerns or behaviors you would like your child to work on in regards to his/her social and emotional development?

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Do you prefer your child to nap in the afternoons?

(Naptime is from 12:30-2:30) Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any special health concerns that your child may have such as:

Allergies: \_\_\_\_\_

Vision: \_\_\_\_\_

Hearing: \_\_\_\_\_

Please list most recent vision and hearing exam: \_\_\_\_\_

Physical Handicaps: \_\_\_\_\_

Illnesses: \_\_\_\_\_

Chicken Pox: \_\_\_\_\_

Poison Oak: \_\_\_\_\_

Pink Eye: \_\_\_\_\_

Strep Throat: \_\_\_\_\_

Misc: \_\_\_\_\_

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### **Social and Emotional Development**

Observations are an important part of the Montessori classroom! On a daily basis and much of our work as teachers are centered on observing the children. This allows the teachers to discover many characteristics and developments in the children. By discovering these unique qualities, teachers are able to be more efficient in providing your child with the needs that will help him/her the most.