

Foothill Progressive Montessori School Inc.

827 Houseman st, La Canada Flintridge, CA 91011, Phone: 818-952-7232

ADMISSION AGREEMENT

Foothill Progressive Montessori School, herein referred to as the school, hereby agree to provide educational instruction to _____ from _____ until 2 weeks notice is given to withdraw from the program. In payment of these educational services, the undersigned and each of them, agrees to pay the amount of \$ _____ per _____ [Billing Period] as per the following schedule _____ [Days & Times per week] which is due on the first day of the billing period and adhere to the terms & conditions contained in this agreement.

PROGRAM TIMES: School hours are **7:30 a.m. – 5:30 p.m.** Late pick ups are charged at \$1.00 per minute which is payable to the staff in charge. Please ring the **BELL** on the gate to alert the staff of your arrival when dropping off and picking up your child.

ADMISSION: Children are admitted on the basis of a full year [August 1st through May 31st]. Ages served: 2 – 6 years. 2 year olds, need not be potty trained. Parents must provide the Diapers, wipes etc.

The State Requires That the Following Forms be Maintained on file for Each Child:

1. REGISTRATION FORM
2. ADMISSION AGREEMENT -Signed & Dated
3. PHYSICIAN'S REPORT & A COPY OF THE IMMUNIZATION CARD
4. CHILD'S PREADMISSION HEALTH HISTORY – PARENT'S REPORT
5. ID & EMERGENCY INFO., & AUTHORIZATION -Name all including parents authorized to pick up the child. ID needed
6. CONSENT FOR MEDICAL TREATMENT
7. PARENT'S & PERSONAL RIGHTS [Please retain the top portion of these documents.]
8. EMERGENCY CARD [This form must be updated when there is a change OF ADDRESS, PHONE # ETC.]
9. DISCIPLINE POLICY

FINANCIAL OBLIGATION: Withdrawal of a child from school will require 2 weeks written notice, or 2 weeks tuition in lieu of notice. Tuition is based on a full 12 month school year on ENROLLMENT AND NOT ATTENDANCE, is due and payable on or before the first of the month, and an additional \$1.00 a day thereafter until all fees are settled. Any legal and other costs incurred in collecting overdue payments will be charged to the parents.

THE TUITION CREDIT WILL NOT BE GIVEN FOR MISCELLANEOUS ABSENCES FROM SCHOOL, VACATION TAKEN DURING THE SCHOOL YEAR, AND SCHOOL HOLIDAYS INCLUDING SPRING & CHRISTMAS AND FOR EARLY WITHDRAWAL IN THE MONTH OF MAY .

A FEE OF \$25.00 WILL BE CHARGED ON ALL RETURNED CHECKS.

The School reserves the right to make changes to Tuition and all other fees with 30 days notification
The Tuition fee includes the morning & afternoon snacks, but does NOT include lunch or any other service...

DRESS CODE: Children must be dressed in appropriate comfortable clothes & shoes. THONGS are not considered appropriate school attire. **GIRLS** are encouraged to wear **SHORTS** and not panties when wearing dresses.

LUNCHES & SNACKS: snacks are served two times daily, which consists of fruits, in season, vegetables, crackers and other healthy foods. The School offers a lunch program.

LEGAL HOLIDAYS: The following Holidays are observed by the school. VETERAN'S DAY, THANKSGIVING DAY, CHRISTMAS DAY, NEW YEAR'S DAY, MARTIN LUTHER KING'S BIRTHDAY, WASHINGTON'S BIRTHDAY, LABOR DAY, MEMORIAL DAY, JUNETEENTH AND INDEPENDENCE DAY.

SCHOOL VACATIONS: With the exception of Statutory holidays, 3 staff training days and specific holidays listed in the school calendar, the school will operate during the whole year. Please refer to the school Calendar for holidays.

EMERGENCY MEDICAL CARE: If a child requires emergency medical attention and it is not possible to contact the parent, guardian or family Dr., we will take whatever measures would appear necessary for the child's welfare. Every effort will be made to notify the parent[s] immediately under any emergency condition. It is essential therefore that both parents always keep the school informed of their current phone numbers and addresses. If medication has to be administered, written instructions and authorization must be provided by the parent/guardian. Medication will not be administered otherwise. Please do not send medication in the child's lunch box.

INSURANCE: The school has a nursery accident policy. The purpose of this policy is to supplement any existing coverage that may be held by the parents, and is not to be used in lieu of such coverage.

SCHOOL SAFETY: An adult must accompany the child, when dropping off and picking up. It is a State Mandatory that the child is signed in and out at all times, even for any other purpose such as Dr.'s appointments, speech therapy etc., Everyone who are authorized to pick up the child from the facility must be listed on **LIC 700 including the parents. If anyone else other Than the parents picking up the child, the school must be notified prior to the pickup and the individuals ID must be presented to be photo copied. The school must be notified if the child gets absent.**

FOOD: Due to NUT allergies, please avoid PEANUT BUTTER sandwiches and NUTS in the child's lunch box. For Birthday Parties, you may avoid cream cakes/doughnuts, sugar cookies etc. Please check with the school office beforehand.

OTHER REQUIREMENTS: Every child must have a set of extra clothes, clearly marked with the child's name to be kept at school. In addition, the Lunch box, water bottle, Jacket, bedding, etc., must be marked with the name. It is the State requirement that children 4 years and under rest/ nap in the afternoon. Please provide the school with a cot sheet and a cover. The bedding will be sent home on Fridays to launder. The school has a NO TOY POLICY, and ensure that children do not bring TOYS, DOLLS etc., to school.

TERMINATION: All children admitted are on probation for a period of 3 months, during which time a child may be terminated from the school with 1 weeks notice. If in the opinion of the Administrator/ Director feels that the school does not have sufficient resources to address behavioral or medical problems or the child is disruptive. A child may also be terminated from school for 2 consecutive months of late payments, failure to pay late fees, failure to adhere to school rules and regulations such as signing in/out and failure to provide medical documents within 2 weeks of request.

PLEASE NOTE: Community care representative have the right to Interview Children and to View their Records at any time. I have read the School Policy and understand my rights and obligations and agree to abide by them. I have also received a copy of the School Policy for my file.

Parent's/Legal Guardians Signature _____ Dated _____

Address _____

PHONE: CELL _____ WORK: _____

DIRECTOR _____ Dated _____

[For & On Behalf of Foothill Progressive Montessori & Academy Inc]