

TUITION PLAN

Below, check the box of the tuition plan/program hours that your child will be enrolled in. Fees are subject to change with a 30-day notice.

<u>Full-time Preschool Programs</u>	<u>Part-time Preschool Programs</u>
Full-Time Preschool No extended daycare 9:00 – 3:00 <input type="checkbox"/> \$1,192/mo _____	Preschool A.M. No extended daycare 9:00 – 12:00 <input type="checkbox"/> \$882/mo _____
Full-Time Preschool With extended daycare 7:00 – 6:00 <input type="checkbox"/> \$1,372/mo _____	

By signing below, I agree to pay the monthly fee I checked above to Milpitas Montessori School through SMART Tuition, Inc., in order for my child to maintain his/her spot in the program.

Child's Name

Parent/Guardian Signature

Date

MILPITAS MONTESSORI SCHOOL POLICIES

SCHOOL FEES—Subject to change following a 30-day notice

- \$200** non-refundable registration fee for new students (**\$135** yearly re-registration fee for continuing students)
- \$500** one-time refundable deposit for the school year (**\$300** per additional sibling co-enrolled)
- \$100** yearly class material fee
- \$250** refundable deposit for summer only enrollment (**\$100** per additional sibling co-enrolled)
- \$75** non-refundable summer registration fee

REGISTRATION

A \$200 non-refundable registration fee is required to secure a seat for the fall session or academic school year (August through June). A \$75 non-refundable registration fee is required to secure a seat for the summer session. Enrolled children are NOT automatically re-enrolled for the subsequent summer and fall sessions. Therefore, children who wish to continue beyond their currently enrolled session must re-register for the summer and/or fall session that follows.

TUITION PAYMENTS

The first month's tuition is due on the first day of school and is to be paid directly to the school office (tuition will be prorated for the number of days the child is to attend that month). Tuition thereafter is due on the 1st of each month and must be auto-debited through the school's tuition management company, SMART Tuition, Inc. For siblings attending simultaneously, a 10% discount will apply toward the equal or lesser tuition rate and does not apply to any extended daycare portion. Parents may change tuition plans at anytime during the school year. Tuition plan change must be requested through the office and is subject to approval.

If a check payment made to the school that is returned unpaid by the bank or if an account fails to auto-debit for any reason, a \$25 return fee will apply. The unpaid balance must be paid directly to the office within one school day by cash, money order, or cashier's check only. The school reserves the right to refuse assistance to any child whose account is one month overdue and to retain any prepaid fees or deposits until the account has been settled.

HOLIDAYS, CLOSURES, AND ABSENCES

Monthly tuition rates have already factored in all school holidays, closures, and breaks. Therefore, tuition must still be paid in full and will not be further discounted, credited, or prorated due to these holidays, closures and breaks. In addition, tuition must be paid during student vacations and absences. If paying for those absences is an issue, the only alternative is withdrawal. Parents must notify the school if their child is to be absent for any reason and must indicate the number of days the child will be absent. Absences for ANY reason will not be credited or prorated. Absence for five consecutive school days without notifying the school may be considered a withdrawal without notice. In this case, the school reserves the right to enroll a new student in the absent child's place after the fifth day of absence without notice.

VACATION REQUEST

Children who wish to go on vacation at any time during the academic school year must still pay tuition during their absence in order to secure their seat for when they return. Families are entitled to one vacation credit per academic school year during a vacation absence. This vacation credit will waive the tuition fee for the first 5 consecutive school days of vacation. If the vacation exceeds 5 school days, the remaining vacation days (up to 15 school days) will be discounted at 30% off. Vacation beyond the 15 school days must be paid at the child's full regular tuition rate. Vacation credits are subject to approval and must be requested through office in advance. Vacation credits cannot be used during school breaks or during the summer session. Unused vacation credits do not rollover to the next school year.

Parents who do not wish to pay any tuition during their vacation must withdraw from the school and must abide by the withdrawal policy. A child's seat will not be secured after withdrawal, however, parents may check for availability when they return and must re-pay a registration and deposit fee to re-enroll their child.

ILLNESSES

Children may attend school with minor cold symptoms. However, if your child is unable to participate in all class activities and outside play, then your child MUST stay home. A child may not attend school or will be sent home if he/she shows any signs of the following illnesses: fever of 100 degrees or higher, excessive coughing, vomiting, diarrhea, undiagnosed rash on the body, discharge from the eye(s), and any communicable disease. Children who suffer

with a fever must be fever free—without the assistance of medication—for 24 hours before they are allowed to return to school. This means that if your child is sent home with a fever today, and you decide to bring him/her to school the next day, we will not be able to accept him/her. Children who become ill with a communicable disease (e.g. pink eye, strep throat, lice etc.) will not be accepted back to school until it is cleared by the doctor. Parents must notify the school within 24 hours of diagnosis if their child becomes ill with a communicable disease.

EMERGENCY DAYCARE AND LATE PICK-UPS

Children who are NOT enrolled in the full-time with extended daycare program (7:00-6:00 program) and stays beyond their selected program hours, will affect our teacher-to-student ratio. Therefore, it is critical that these children are dropped-off no earlier and picked-up no later than what their program hours permits. Children who are NOT enrolled in the full-time with extended daycare program but stays beyond their selected program hours for ANY reason will be charged penalty fees (see below).

Advanced daycare service for early drop-off or late pick-up at \$20/hour (limit 1 per month)

As an emergency daycare service, parents may drop-off their children earlier or pick-up up their children later than what their selected program hours permits at \$20 per hour. For example, a child enrolled in the 9:00-3:00 program who needs emergency daycare at 7:00 a.m. will incur a \$40 fee. This advanced daycare service is subject to approval and must be requested through the office in advance at any time. This service rate may be used only once per month; early drop-offs or late pick-ups thereafter within the same month will be charged the emergency daycare service rate (see below).

Emergency daycare service for early drop-off or late pick-up at \$20 per every 15 minutes

Children who are dropped off earlier or picked up later than what their selected program hours permits for ANY reason without notice and/or have already used the advanced daycare service once within the same month, will be charged a fee of \$20 for every 15-minute increment. For example, a child enrolled in the 9:00-3:00 program that is picked up between 3:01 pm and 3:16 pm will incur a \$20 late fee. Although we understand that emergencies will arise, this policy will be enforced and exceptions will not be made.

LATE PICK-UP AFTER 6:00

The school closes at immediately at 6:00 PM (no grace period). Parents who will arrive after 6:00 must call the school in advanced to inform teachers of their approximate arrival time. Regardless of advanced notice, a fee of \$20 will be charged for each child who is picked up between 6:01-6:10, \$30 if picked up between 6:11-6:15, \$40 if picked up between 6:16-6:20, \$50 if picked-up between 6:21-6:25, \$60 if picked up between 6:26-6:30, \$70 if picked up between 6:31-6:35, \$80 if picked up between 6:36-6:40, and \$90 if picked up between 6:41-6:45. If a child is not picked up by 6:45, the Milpitas Police Department may be contacted. Late fees must be paid directly to the teachers on duty by cash (exact-change only) or check or will otherwise be auto-debited through Smart Tuition. Although we understand that emergencies will arise, this policy will be enforced and exceptions will not be made.

NUT FREE POLICY

We adhere to a strictly NUT FREE environment in order to address the needs of children in our school who have potentially life threatening allergies to nuts. This means that children must NOT bring peanuts or any type of nuts to school for any reason. Parents should make sure there are NO nuts in foods sent in for snack, lunch, or any class event (birthday parties, field trips, etc.). This includes checking for nuts in sauces, spreads, snack bars, baked goods, sweets, etc. Parents should read packaging labels and remind their children not to share food with other children at school.

MEDICATIONS

Teachers can only administer medication that has been prescribed directly to the child by a doctor. If your child needs to take over-the-counter medication during the school day, please fill out the medication log in your child's classroom and leave the medication with your child's teacher. Completing the medication log authorizes your child's teacher to administer medication to your child. Please note, the school will not administer incidental medical services (IMS) to students (i.e., epipens, inhalers, nebulizers, blood-glucose monitoring).

RELEASE OF RECORDS

School records and diplomas will not be released to another school until outstanding balances have been paid off. The school can only release records to requesting schools (with parents' permission) and cannot be given directly to parents.

TERMINATION

The school reserves the right to terminate the enrollment of a child for any of the following reasons: (a) displays frequent unacceptable, aggressive, or immature behavior, (b) requires a teacher's one-to-one attention, (c) is not fully potty-trained (including wiping/cleaning), (d) has a delinquent account, (e) if the school feels it cannot meet the physical, emotional, or psychological needs of the child.

WITHDRAWAL POLICY

Parents who wish to withdraw their children before the last academic day of the school year are required to submit a written thirty-day advanced notice directly to the school director in person or by email. Notice must be given at least thirty days prior to the child's last day of attendance and must indicate the date of the child's last day of attendance. Verbal statements of withdrawal and statements made with any other staff member are considered null and void.

With proper notice, the child's tuition will be prorated until the child's last day of attendance and the deposit will be fully refunded if there are no outstanding fees on the child's account (any outstanding fees will be deducted from the deposit). If notice is given less than 30 days, a thirty-day billing of the child's monthly tuition starting from the date that the notice is given will still apply regardless of the child's last day of enrollment.

By signing below, I have read, understand, and agree to the above policies of Milpitas Montessori School.

Child's Name

Parent/Guardian Signature

Date

Milpitas Montessori School
1500 Yosemite Drive
Milpitas, CA 95035
(408) 263-0991

SIGN IN-OUT/OUT REQUIREMENT

The State of California General Licensing Requirement, Section 101229.1, requires that all children are signed in and out every day by their parents or any authorized persons 18 years of age and older. The person dropping off or picking up your child must sign their full name and write the actual time of your child's arrival and departure.

Aside from being in compliance with state regulations, teachers use the sign in/out sheets in times of emergency. Therefore, if parents do not sign their child in/out, teachers will have an inaccurate count of the children. This poses as a safety hazard in the event of an emergency.

Non-compliance fee: A \$20 non-compliance fee will incur for each time a parent or any responsible person authorized to pick up or drop off your child fails to provide their full legal signature or an arrival/departure time when the child is present. At any time a non-compliance fee incurs, parents are required to pay the fee and refer to the manual sign-in/out sheet to provide the missing signature and arrival/departure time.

Authorization for pick-up: Parents may authorize any persons 18 years of age or older (I.D. required) to pick up and drop off their child. Authorized persons must be indicated on the Emergency and Identification Form located in the enrollment packet. Parents may update their authorized persons list at any time through the office. Parents will responsible for any fees incurred regardless of who fails to sign the child in/out. Therefore, if you authorize any person to pick up or drop off your child, it is your responsibility to inform them of this sign in-out requirement.

RIGHTS OF LICENSING AGENCY

The State of California General Licensing Requirement, Section 101195 states: The Community Care Licensing Agency shall have authority to interview children or staff and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for private interviews with any child(ren) or staff member and for the examination of all records relating to the operation of the facility. The Community Care Licensing Agency shall have the authority to observe the physical condition of the child(ren), including conditions which could indicate inappropriate placement, abuse, or neglect and to have a licensed medical professional examine the children.

By signing below, I have read, understand, and agree to the terms stated above.

Child's Name	Parent/Guardian Signature	Date
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**Milpitas Montessori School
1500 Yosemite Drive
Milpitas, CA 95035
(408) 263-0991**

PHOTOGRAPH/VIDEO RELEASE

I understand that upon enrolling my child, I give Milpitas Montessori School permission to use my child's photos and videos for educational and publication purposes. Photos and videos of children may be featured via email, school website, and in advertising or school publications. Only children's images are used and no descriptors identifying children are released.

USE OF VIDEO CAMERA

I understand that upon enrolling my child, I give Milpitas Montessori School permission to take video recordings on school grounds in order to promote discipline, welfare, and safety of staff and students. If the school feels that: (a) a child displays frequent unacceptable, aggressive, or immature behavior or (b) it cannot meet the physical, emotional, and/or psychological needs of the child, the school may use video cameras to record student behaviors—only if deemed necessary—for parents' viewing purposes.

PARK PARTICIPATION

I understand that upon enrolling my child, I give Milpitas Montessori School permission to take my child to the nearby park or field behind the school on certain occasions (for special events), in which the school will notify parents at least one day in advance. On these occasions, all children present at school must participate because there will NOT be an additional staff to supervise non-participating children.

By signing below, I have read, understand, and agree to the terms stated above.

Child's Name

Parent/Guardian Signature

Date

Milpitas Montessori School
1500 Yosemite Drive
Milpitas, CA 95035
(408) 263-0991

BRIGHTWHEEL MOBILE APP

Our school utilizes Brightwheel, a mobile app and tool for classroom management, parent-staff communication, photo sharing with parents, and much more. Brightwheel is also a tool for parents to check-in/out and health screening, therefore, each parent/guardian is required to download and use the Brightwheel app on their mobile phone. Please note, while Brightwheel offers online bill payment service for tuition payments, we will NOT be using this feature at this time and will continue to use Smart Tuition for our billing service (please do not send tuition payments via Brightwheel).

Create your free account (required):

1. Provide below an email address and phone number for each parent/guardian:

Father/Guardian Email Address: _____/Mobile Number: _____

Mother/Guardian Email Address: _____/Mobile Number: _____

2. Create a Brightwheel account. Each parent will be invited via email or text to download the app and create an account using either a mobile app or the web. When creating your account, make sure the use the same email address or mobile number that you provided above.

3. Confirm your child's profile. After you create an account, you will see your child's profile. At the bottom of the screen, you will see your unique check-in code. Next to it, there is a pencil icon that gives you the option to change this code to another 4-digit code of your choice. This unique code will be used to check-in/out your child daily, so you must remember this code. If you do not see your child's profile, please contact us.

3. Set your account preferences. You can adjust your notification preferences on the app within your profile settings. We will use Brightwheel to send out important reminders and messages, photos of activities of your child, notes about your child, and more. Therefore, it is important for all parents to turn on the alert notification settings on both the app and their phone's settings.

Using Brightwheel: All persons dropping off and picking up children are required to use Brightwheel to sign in and out using their mobile phone or our school tablet. Daily health screening will also be required at sign-in. For faster check-in/out, please remember your check-in code. One of our teachers or staff will guide through the sign-in and out process once you have your account set-up.

Approved Pick-ups: If there are any persons other than parents who will occasionally or frequently drop-off or pick-up your child (grandparents, nanny, etc.), you must add them on the Emergency and Identification Form (page 11) located in the enrollment packet. These individuals do not need to download the app, however, each authorized person will have their own separate unique code and must enter in this code with their signature upon check-in and check-out. Our staff will have a print-out copy of their codes in the event they forget their code.

Please ensure complete check-in and out: After entering in your code, you must provide a digital signature after entering your code, click "confirm" and wait for the green screen that says "Checked In/Out" to complete the process.

Brightwheel is the preferred and fastest way to send a message to the teacher: We encourage you to use Brightwheel's messaging feature to inform your child's teacher if your child will be out (and if so, indicate the reason), is arriving late, going to be picked up early, or to send a general message. If you wish to send a message to the office, you can send your message via Brightwheel or email (mmschoolca@sbcglobal.net).

MILPITAS MONTESSORI SCHOOL MEDICAL WAIVER FORM

PERMISSION TO PROVIDE EMERGENCY FIRST AID & TRANSPORTATION:

I give Milpitas Montessori School permission to provide my child emergency first aid (including, but not limited to CPR and the Heimlich maneuver) and to transport my child by car, ambulance, or other emergency vehicle to an emergency center for treatment when deemed necessary and agree to hold Milpitas Montessori School harmless.

PERMISSION TO PROVIDE MEDICAL CARE AND TREATMENT:

I understand that in any medical emergency, Milpitas Montessori School may call 911. In the event that I cannot be contacted immediately, I give Milpitas Montessori School authority to act on my behalf to secure medical treatment for my child. This includes my permission for a physician to administer medical or surgical treatment to my child in the case of an accident or emergency. I agree to hold Milpitas Montessori School harmless.

I understand that I will be responsible for any and all medical costs incurred for treatment of the medical emergency. I further acknowledge Milpitas Montessori School shall not be responsible for paying for my child's health care. This includes negligent emergency medical treatment, ambulance/medical transportation, medical, hospital or any other associated fees.

I agree that neither I nor my child will bring any claims of any kind against Milpitas Montessori School as a result of any injuries, expenses, or damages that I or my child may suffer in any way as a result of providing or receiving medical treatment, including those that may not be immediate but arise in the future.

Parent Signature: _____ **Child's Name:** _____ **Date:** _____

REFUSAL TO TREAT:

I DO NOT give Milpitas Montessori School my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school to take the following actions (describe below):

Parent Signature: _____ **Child's Name:** _____ **Date:** _____

CHILD EMERGENCY MEDICAL INFORMATION:

Child's Physician _____ Physician's Phone _____

Preferred Hospital/Location _____ Hospital Phone _____

Insurance Company _____ Policy # _____

Regular Medications _____

Blood Type _____ Allergies to Food/Medicine _____

Special Health Conditions _____

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

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

Milpitas Montessori School 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:

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

DATE OF ADMISSION	DATE LEFT
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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?	YES	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	WHAT ARE USUAL EATING HOURS?
	LUNCH	BREAKFAST _____
	DINNER	LUNCH _____
		DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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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*
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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
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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
X	X

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: Community Care Licensing
Licensing Office Address: 2580 North First St. Suite 300 – San Jose, CA 95131
Licensing Office Telephone #: (408) 324-2148
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.

Miyata Montessori School

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

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:

NAME

Community Care Licensing

ADDRESS

2580 North First St. Suite 300

CITY

San Jose

ZIP CODE

95131

AREA CODE/TELEPHONE NUMBER

(408) 324-2148

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)

Milpitas Montessori School

(PRINT THE NAME OF THE CHILD)

(PRINT THE ADDRESS OF THE FACILITY)

1500 Yosemite Drive, Milpitas, CA 95035

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

PARENT INSTRUCTIONS

Please use capital letters and print clearly.

1. **ENTER FAMILY INFORMATION:** Provide us with all of the requested contact information. If desired, use the "Additional Authorized Party" field to allow another person to access your tuition account information and make payments on the account. Be sure to include your email address, as we may contact you regarding important account information.
2. **SELECT A PAYMENT METHOD:** If you choose to pay by mail, you will receive a bill that will be due on the date selected. Please mail your payment at least seven business days prior to the due date. If you select Auto-Debit, Smart Tuition will debit your account on the due date you select. Please include a voided check to ensure the accuracy of your account information. On the bottom of every check, there is a 9 digit routing number that represents your bank (example below). It is typically located on the left side of the bottom of the check. Smart Tuition can not process automatic payments if the routing number is missing.

0123 01456789	DATE	\$	DOLLARS
JOHN SMITH 123 Smart Lane Anytown, NY 12345			
PAY TO THE ORDER OF			
BANK NAME Anytown, NY 12345	9 DIGIT ROUTING NUMBER	ACCOUNT NUMBER	DO NOT INCLUDE YOUR CHECK NUMBER
FOR	0123456789	01234567890123	0123

Please choose one of the due dates from the available dates provided. If you choose a due date not approved by your school, your account will default to the latest due date available.

3. **SELECT A PAYMENT PLAN:** Please choose one of the plans offered by your school by putting the letter of the plan in the box. Payment plans are mandated by your school and cannot be changed by Smart Tuition without school permission.
4. **ENTER STUDENT INFORMATION:** Please write the name and grade of the children who will attend this school.
5. **PLEASE READ AND SIGN:** Please review the terms and conditions. The Primary Bill Payer must sign the form.

TERMS AND CONDITIONS

Smart Tuition receives your payments, processes them and deposits the funds into your school's bank account. Our secure website and 24/7 parent help center are available to families that have questions about their tuition payment plans.

Late Enrollment: If Smart Tuition does not receive your enrollment form on time, your first payment date will be moved forward. Your school may require you to catch up any missed payments on your first due date, or will establish a plan with a smaller number of larger payments.

Refunds: Smart Tuition does not issue cash refunds. Overpayments will be carried on your account and credited to future tuition payments. All reimbursements or refunds must be arranged with your school.

Late Fees: Any payment that is not received by Smart Tuition by your due date is considered late and may become a late fee. In the event that your account becomes delinquent, Smart Tuition may provide your school a follow-up service which will contact you via mail, telephone, or e-mail. Your account may be charged \$35.00 as a result of this service. This fee is in addition to any late fees charged by your school.

Dishonored Payments: A fee of \$25.00 will be applied to your account for any failed auto-debit and failed check payments. Your bank may impose additional fees.

Auto-debit Terms (Applies to Auto-debit enrollees only)
By signing this enrollment form you agree to authorize Smart Tuition to debit your account on the scheduled dates as described on the reverse side. If your auto-debit due date falls on a weekend or holiday, your account will be debited on the following business day. You agree that if any such debit is dishonored, for any reason, Smart Tuition shall have no liability for any fees charged to you by your financial institution. Smart Tuition will automatically reattempt any failed debits approximately 10 days after their failure. This authority will remain in effect until Smart Tuition receives your written instruction to cancel Auto-debit service. To cancel or stop a scheduled auto-debit payment, you must contact Smart Tuition no later than 3 business days prior to the scheduled payment at (888) 868-8828.

Amendments

By signing this enrollment form you acknowledge and agree that such terms and conditions may be amended from time to time by Smart Tuition and such amendments will be reflected on Smart Tuition's website.

Smart Tuition Privacy Policy

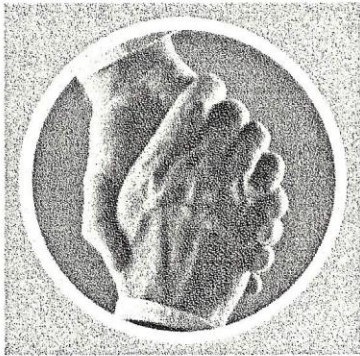
Your privacy is important to us. We do not disclose any personal information about our customers or former customers to anyone except permitted by law. Smart Tuition has adopted numerous procedures to protect the confidentiality of school and family information. We adhere to the Payment Security Industries Standard for storing card holder data.



SMART TUITION
Financial Solutions for Schools and Parents™

&

**Your School
Have Formed
A Partnership**



**That Benefits
Your School,
Your Child,
And You.**

**Please return completed
form to your school
immediately.**

If you have any questions regarding this form, contact Smart Tuition at:

1-888-868-8828

www.parents.smarttuition.com

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

PERSONAL RIGHTS

Child's Name: _____ Birthdate: _____ Male/Female _____ School: _____
Child Care Centers: _____ First _____ month/day/year

Address: _____ Phone: _____ Grade: _____
Street City Zip

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.

This form must be completed by a U.S. licensed primary care provider and returned to the child's school.

1. Was your child free from corporal punishment, restriction of play, humiliation, intimidation, ridicule, coercion, one week) treatment, 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. Yes No

2. Has your child been exposed to anyone with TB disease? Yes No

3. Has a family member had a positive TB test or received notification for TB, 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 complainant receiving unit of the licensing agency and of information regarding confidentiality. Yes No

4. Was a parent, household member, or visitor who stayed in the child's home for >1 week, born in a country with an elevated TB rate? Yes No

(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. Yes No

(6) Not to be locked in any room, building, or facility premises by day or night. Yes No

(7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency. Yes No

If YES, to any of the above questions, the child has an increased risk of TB and should have a TB blood test (IGRA, i.e. Quantiferon or T-SPOT.TB) or a tuberculin skin test (TST) unless there is either 1) a documented prior positive IGRA or TST performed in the U.S. or 2) no new risk factors since last documented negative IGRA (performed at age ≥2 years in the U.S.) or TST (performed at age ≥6 months in the U.S.).

All children with a current or prior positive IGRA/TST result must have a medical evaluation, including a chest x-ray (CXR; posterior-anterior and lateral for children <5 years old is recommended). CXR is not required for children with documented prior treatment for TB disease, documented prior treatment for latent TB infection, or BCG-vaccinated children who have a positive TST and negative IGRA. If there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for latent TB infection (LTBI) to prevent progression to TB disease.

NAME _____
ADDRESS _____

Enter test results for all children with a positive risk assessment:

CITY	Interferon Gamma Release Assay (IGRA)	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Date:	Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate		

Tuberculin Skin Test (TST/Mantoux/PPD) DETACH HERE		Induration _____ mm	PLACE IN CHILD'S FILE
TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:	Date placed:	Date read:	

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

Chest X-Ray Date: _____ Impression: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	TB Treatment Start Date: _____	<input type="checkbox"/> Prior TB/LTBI treatment (Rx & duration): _____
ACKNOWLEDGMENT: 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: _____		
<input type="checkbox"/> Isoniazid/rifampine - weekly X 12 weeks	<input type="checkbox"/> Treatment medically contraindicated:	
<input type="checkbox"/> Isoniazid daily - 9 months		
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Declined against medical advice	

(PRINT THE NAME OF THE CHILD) Please check one of the boxes below and sign:

Child has no TB symptoms, no risk factors for TB, and does not require a TB test.

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN) Child has a risk factor, has been evaluated for TB and is free of active TB disease.

Child has no new risk factors since last negative IGRA/TST and no TB symptoms.

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	Health Care Provider Signature, Title	(DATE)
		Date

Name/Title of Health Provider:
Facility/Address:
Phone number: _____