

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

**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<br>(     ) |
| DENTIST   | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE<br>(     ) |

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/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* | BEGAN TALKING AT* | TOILET TRAINING STARTED AT* |
| MONTHS     | MONTHS            | MONTHS                      |

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

|                                          |       |                                         |       |                                                      |       |
|------------------------------------------|-------|-----------------------------------------|-------|------------------------------------------------------|-------|
| <input type="checkbox"/> Chicken Pox     | DATES | <input type="checkbox"/> Diabetes       | DATES | <input type="checkbox"/> Poliomyelitis               | DATES |
| <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 |
|---------------------------------|----------------------------------------------------------|------------------------|---------------------------------------------|

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:<br>(What does child usually eat for these meals?) | BREAKFAST<br>LUNCH<br>DINNER     | WHAT ARE USUAL EATING HOURS?<br>BREAKFAST _____<br>LUNCH _____<br>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 |
|--------------------|------|

**REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY**

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

**PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN**

|                        |       |          |                           |
|------------------------|-------|----------|---------------------------|
| CHILD'S NAME—Last      | First | Middle   | BIRTH DATE—Month/Day/Year |
| ADDRESS—Number, Street | City  | ZIP code | SCHOOL                    |

**PART II TO BE FILLED OUT BY HEALTH EXAMINER****HEALTH EXAMINATION**

**NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.**

| REQUIRED TESTS/EVALUATIONS                | DATE (mm/dd/yy) |
|-------------------------------------------|-----------------|
| Health History                            | / /             |
| Physical Examination                      | / /             |
| Dental Assessment                         | / /             |
| Nutritional Assessment                    | / /             |
| Developmental Assessment                  | / /             |
| Vision Screening                          | / /             |
| Audiometric (hearing) Screening           | / /             |
| TB Risk Assessment and Test, if indicated | / /             |
| Blood Test (for anemia)                   | / /             |
| Urine Test                                | / /             |
| Blood Lead Test                           | / /             |
| Other                                     | / /             |

**IMMUNIZATION RECORD**

**Note to Examiner:** Please give the family a completed or updated yellow California Immunization Record.

**Note to School:** Please record immunization dates on the blue California School Immunization Record (PM 286).

| VACCINE                                                                                          | DATE EACH DOSE WAS GIVEN |        |       |        |       |
|--------------------------------------------------------------------------------------------------|--------------------------|--------|-------|--------|-------|
|                                                                                                  | First                    | Second | Third | Fourth | Fifth |
| POLIO (OPV or IPV)                                                                               |                          |        |       |        |       |
| DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only) |                          |        |       |        |       |
| MMR (measles, mumps, and rubella)                                                                |                          |        |       |        |       |
| HIB MENINGITIS (Haemophilus Influenzae B)<br>(Required for child care/preschool only)            |                          |        |       |        |       |
| HEPATITIS B                                                                                      |                          |        |       |        |       |
| VARICELLA (Chickenpox)                                                                           |                          |        |       |        |       |
| OTHER (e.g., TB Test, if indicated)                                                              |                          |        |       |        |       |
| OTHER                                                                                            |                          |        |       |        |       |

**PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN****RESULTS AND RECOMMENDATIONS**

Fill out if patient or guardian has signed the release of health information.

- ☐ Examination shows no condition of concern to school program activities.
- ☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you **do not** want the health examiner to fill out Part III.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

Name, address, and telephone number of health examiner

\_\_\_\_\_  
Signature of health examiner

\_\_\_\_\_  
Date

**If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.**



## 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

MONTESSORI LEARNING CENTER

FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

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

( )



## 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: CA Dept of Social Services, Community Care Licensing Division

Licensing Office Address: 750 The City Drive South, Suite 250, MS 29-12. Orange CA 92868

Licensing Office Telephone #: 714.703.2800

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)

### 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.

Montessori Learning Center  
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)**

## 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

CA Dept of Social Services, Community Care Licensing Division

ADDRESS

750 The City Drive South, Suite 250, MS 29-12

CITY

Orange, CA

ZIP CODE

92868

AREA CODE/TELEPHONE NUMBER

714.703.2800

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)

Montessori Learning Center

(PRINT THE ADDRESS OF THE FACILITY)

331 N Harbor Blvd

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)



# **MONTESSORI LEARNING CENTER**

## **PARENT HANDBOOK**

**July 1, 2018**



## **MONTESSORI LEARNING CENTER**

### ***School Philosophy and Policies for Operation***

**What is Montessori?** *The structure of Montessori involves the use of a wide range of teaching materials with which the child may work individually. At every step of his or her learning, the apparatus isolates a particular problem, tests the child's understanding, and corrects his or her errors. Since movement is an inherent factor in learning, many activities engage the child's large and small muscles, his or her senses, and mind. Dr. Montessori recognized what psychologist Jean Piaget has since related, that the only valid impulse to learning is the child's self-environment that sets the behavioral example and offers the child stimulation, thus disposing the child to learn by teaching himself, motivated by the excitement of the process, not the end product nor the teacher.*

*Children of mixed ages and abilities work together in a Montessori class. Ungraded grouping permits independent development, discourages individual competition and allows whatever activities suites each particular stage of development. The child progresses from that point, at his or her own pace, in his or her own pattern. Children may work at a task uninterrupted for as long as they wish, provided they do not disturb others. While they are not required to work together, the uncompetitive character of the class encourages easy social relationships.*

**The three Montessori curriculum areas are featured in the classroom. These are:**

**Practical Life:** *Control of his or her own body is the first step toward a child's independence and confidence. He or she therefore learns by easy steps to dress themselves, to zip, tie bows, button, lace, to cut and paste paper, to wash a table, etc. Practical life exercises help the child learn how to learn. In these exercises, he or she consistently follows through a cycle of steps, focuses attention on detail, and completes a task geared to his or her particular level of ability. What he or she learns is clearly useful at home and elsewhere, and has fascination of being part of the "real" world.*

**Sensorial Exercises:** *Accurate sense perceptions are essential to understanding and appreciating the world, as well as to any creative undertaking. Many exercises specifically help the child to isolate, compare and classify his or her perceptions. For example, he or she grades and matches pairs of sound boxes, color tablets and testing jars, builds towers and stairs of special blocks which show exact gradations of volume, width and length, traces with his or her fingers, blindfolded, by touch alone. Sense exercises help the child develop the confidence needed for involvement in art forms-painting, modeling in clay, collage, music.*



**Cultural Exercises:** All children go through periods of keen sensitivity to language, mathematics, geography, music, etc. Their interest in learning is natural and intense. Since materials and guidance are always at hand, the child can work at a particular interest and satisfy his or her need to know more and more. By the end of three years, stimulated by the activities of the other children and the guidance of the teacher, his or her interests have usually widened into many areas, such as Math, Geography, History and Language-reading & writing, Music, Biology, Geometry, Dance, Spanish, and Swimming.

### **Admission & Attendance**

**Commitment:** We hope that you, the parents, have evaluated your needs for your child, and in selecting our School are prepared to make a commitment for at least one year as the stability of our classes is very important to each and every child.

Application and medical forms are to be completed before the child enters school. A director-parent interview will be conducted to exchange information relative to the child's welfare. At this time, a visit to the prospective classroom will be arranged for the child and the parent. All children aged 6 weeks to 7 years, regardless of race, national origin or religion, are eligible for enrollment.

**School Hours:** The School is open at 6:30 A.M. and closes at 6:30 P.M. The Infant Center is open from 6:30 A.M. to 6:00 P.M. The class hours are:

Kindergarten                      9:00 A.M. to 11:30 A.M.

Preschool                          9:00 A.M. to 3:00 P.M.

Extended Care:                  6:30 A.M. to 9:00 A.M. and after educational time to 6:30 P.M.

**Departure:** Full and part-time schedules are available depending on the number of available placements, except in the Infant Center, which is full-time. Please pick up your child at the designated time. If signing up for a 4:30 P.M. pick-up your child must be picked up by 4:30 P.M. to ensure that the teacher-child ratio is not impacted. For those children who are picked up after their designated time, a fee of \$10.00 per hour, per child, will be charged for extra care.

**After Hours:** The School's licensed hours of operation are 6:30 AM to 6:00 PM in the Infant Center, and 6:30 AM to 6:30 PM for the Preschool through Kindergarten classes.



*Late pick-up fees apply if children are picked up after the School's hours of operation. For Preschool through Kindergarten classes: a late fee of \$1.00 per minute, per child, after **6:30 P.M.** The late pick-up fee is to be paid in cash to the teacher on duty, at the time of pick-up. For the Infant class: a late fee of \$1.00 per minute, per child, after **6:00 P.M.** The late pick-up fee is to be paid in cash to the teacher on duty, at the time of pick-up. If the late pick-up fee payment is not made within 24 hours, the School reserves the right to refuse care until payment is made. The late pick-up policy is a courtesy, and should not be abused. Late pick-up three times a year is an acceptable number of occurrences. If late pick-up becomes a frequent occurrence, Montessori Learning Center reserves the right to refuse or suspend care.*

### **Financial Policies**

***Tuition & Fees:*** the special fees include a yearly registration fee per child and a one-time earthquake kit per child. Tuition can be paid monthly or weekly. Weekly payments are due every Monday, beginning of the week.

***Late Fees:*** Monthly tuition is due on the 1<sup>st</sup> of the month. **A late charge of \$30 applies on the 6<sup>th</sup> calendar day, and an additional \$10 per day each day thereafter.** After two consecutive days of non-payment beyond the 5<sup>th</sup> calendar day, children will not be accepted without the full payment of tuition and all late fees.

Weekly tuition is due on Monday. **A late fee of \$10 applies on Wednesday and an additional \$10 per day each day thereafter.** After 3 days of non-payment, children will not be accepted without the full payment of tuition and all late fees.

***Returned Checks:*** A fee of \$30.00 will be charged on all checks returned by the bank. A returned check is considered non-payment of tuition; if applicable, late fees will also apply. All late fees will also be assessed and charged until the amount is paid in full. Please refer to the late fee policy above for calculation. After the second returned check, payment must be made with either cash or Cashier's check.

***Refunds & Withdrawals:*** A 30 school day written notice is required to withdraw from the School. When the notice is received, children may attend and tuition will be charged from the date of notice through termination date. In the event that your child's enrollment is terminated based on determination by the School staff, any pre-paid tuition will be pro-rated and refunded. If a child arrives at the School to attend, this is considered a "day" whether or not the child remains for the full day. Registration fees are not refundable.



**Absences:** Tuition fees are based on attendance for the academic school year. Tuition is determined on a “space reservation” basis rather than actual attendance. Regular tuition is charged for all absences, including illness.

**Vacations:** The School does not allow credit for vacations taken during the academic year. If a child is withdrawn for extended vacation, the place of that child cannot be held unless tuition is paid, as if the child were present. We would appreciate a call any time your child is absent from the School.

**Parent Conferences:** Please feel free to make an appointment with the teacher or the Director for a conference. It is the policy of the staff to facilitate the highest degree of cooperation between parents and teachers. Please do not let a problem approach crisis proportions before you call us. Sometimes the School may require conferences due to special circumstances or specific incidents. If this occurs, your presence and participation is required. We thank you for your cooperation in keeping the lines of communication open at all times.

**Staff Professionalism:** In order to ensure the professionalism of our staff and to avoid a conflict of interest, it is the policy of the School that members of the staff do not baby sit for parents of children enrolled at Montessori Learning Center. This includes consistent late pick-up occurrences.

**Lost Montessori Apparatus:** From time to time, the children become very attached to small pieces of Montessori apparatus and take them home. We would appreciate your checking your child’s pockets and belongings from time to time, and sending whatever you may find back to School.

**Lunches and Snacks:** For those children who bring lunch from home, please mark your child’s name on all food containers to avoid loss or mix-up of containers. Lunches should be brought in a cooler with an ice pack. The refrigerator is for the Infant Center only. We will microwave any food items that need to be warmed. Sugary items are not allowed in school and may be sent home. Exceptions may be made for special occasions such as birthdays, but require advance notice to the Director or Lead Teacher. Due to the presence of many children with severe allergies, please note that Montessori Learning Center is a “**Nut Free School.**” This includes any products that contain any tree or ground nuts. If you have any questions regarding this policy, please contact the Director or Assistant Director. We thank you for your cooperation in keeping the children safe.

**Hot Lunch:** Those children who purchase a hot lunch must pay for their lunches at the beginning of the week or month in advance. The child’s name must also be written on the lunch list. Please make hot lunch checks payable to Montessori Learning Center and separate from the tuition payment.



***Clothing:*** Children should wear casual, comfortable, loose fitting pants for toilet training. Sturdy shoes are recommended. They may not wear open toed sandals which are not safe for running or climbing. Each child needs to bring an extra set of clothing to school in case of an emergency. These should be sent in a plastic zip locked bag with the child's name clearly marked on the clothing. Please replace these clothes promptly when used. Children in toddler and infant programs should send a supply of diapers and wipes in addition to the change of clothes. Although we will do our best to notify you in advance of low supply, it is the parent's responsibility to determine when the diapers and wipes need to be replenished. If you are out of diapers, the school will provide diapers at a cost of \$1 per diaper.

***Nap time:*** In the Infant Center, you are REQUIRED to bring 2 fitted crib sheets and a blanket. We do have a limited number of reserves but they are for emergencies only. If you continually do not supply these items for your child, the school can purchase them for you and the cost will be added to your tuition. Preschool children who nap are REQUIRED to bring a crib fitted sheet and a small blanket to be left at school. Please mark these items clearly with your child's name. The sheets will be sent home every Friday to be laundered, and returned on Monday. These sheets are REQUIRED to be washed weekly. This is a health and safety issue and mandated by Social Services.

We have an allotted time for your child to nap. Your child is required to have a rest period. We will not be able to "not allow your child to nap." However, we can have your child lay on a mat, and if not asleep within 20 minutes, we can allow them to get up. We will not wake up your child within our allotted nap time. If you do not wish your child to sleep you must come in person and wake them up.

***Toys:*** Please encourage your child to leave toys at home. Children are not permitted to bring any valuables such as cell phones, electronic tablets/ipads, video games or jewelry to the school. If in doubt about an item, please contact the Director or Assistant Director for clarification. Montessori Learning Center is not responsible for lost or broken toys or valuables.

***Birthdays:*** To celebrate your child's birthday, you may send cookies, cake, ice cream, and juice with special napkins and cups. We usually celebrate birthdays in the afternoon at 3:00 P.M. Please notify the School in advance if you wish to celebrate your child's birthday at school.

***Health:*** the Department of Social Services requires that the staff do a daily inspection of each child for illness. So that the health of other children is protected and additional infection does not develop in your child, we ask you to keep the child at home when he or she exhibits any of the following: a temperature, seems nauseated, an undetermined rash, irritated eyes, possible infection, excessive nasal discharge.



*You will be called to pick up your child if any of these symptoms are present. Due to the risk of infection, a child may not return to School within 24 hours of being sent home with a fever, undetermined rash, or irritated eyes. If your child presents with diarrhea three times in one day, you will be asked to pick up your child. The child may return to school after being diarrhea free for 24 hours, or with a doctor's note indicating that the child may return to school.*

*Please let us know if your child has come into contact with a person who has an infectious disease. If your child has been absent because of illness or has been exposed to a contagious disease, the parent is responsible for notifying the Lead Teacher or the Director. The child needs to be inspected before he or she can be signed in. Please speak with either the Lead Teacher or Director when this situation arises, so that the situation can be addressed prior to the child being signed in.*

**Medication Policy:** *All medicine brought to school to be administered to a child must be under prescription from a doctor, even if it is over the counter medication. A separate permission form must be filled out by a parent each time new medicine is brought to the school. Never send medicine and or vitamins to school in your child's lunchbox or backpack. Medicine must be handed to a staff member by a parent. If your child has been hospitalized, sent home from school due to illness and returns within 24 hours, or has been absent for 3 or more days due to illness, Montessori Learning Center **requires** a doctor's note confirming that the child can return to school.*

*Montessori Learning Center is not able to provide specialized healthcare for your child. If your child requires specialized care such as injections, eye drops, open wound care or changing dressings on a wound, we ask that you keep the child at home. Our staff does not have the training or qualifications to provide such care. If your child needs temporary specialized care, the school must be presented with a doctor's note; the school will then determine if we are able to meet those needs. You may also be asked to pay for an additional staff member for your child's care, if your child's needs require a dedicated staff member. Please contact the Director or Assistant Director if you have any questions regarding your situation.*

**Head Lice:** *The staff members do routine checks for head lice, and will notify you promptly if any lice are found. If this occurs, please keep the child at home until all the lice have been removed. If you notice your child's head itches or he or she is scratching their head, please check his or her hair and use a special shampoo to remove the lice. When all the lice are removed, the child may return to school. It is the parent's responsibility to notify the school if you find head lice at home.*



**Disaster Preparedness Plan:** *In the event of a disaster, the School has a plan to care for the enrolled children. This requires the cooperation of parents. Please read the information posted for Disaster Preparedness and send to school any extra required items that your child may need. The school is equipped with first aid, water, and other essential supplies. We recommend that you send a family photo, but this is not a requirement.*

**Emergency Procedures:** *in case of Earthquake, Fire or necessary evacuation. Children along with emergency supplies will be moved to Anaheim High School located at 811 W. Lincoln Avenue, Anaheim as the primary evacuation location; or to Pearson Park Amphitheater located at 401 N. Lemon Street, Anaheim as a secondary option. Teachers are assigned specific tasks and will be contacting parents and emergency personnel in the event of evacuation.*

**Lockdown:** *due to the recent occurrences nationwide, Montessori Learning Center has implemented Lockdown procedures as a safety precaution. In the event an incident occurs that poses a threat to the children or staff, the Director or a teacher will ring the school bell to inform everyone of the incident and call 911. All doors to the classrooms will be locked. Staff and children will be occupying an area of the room as far away from the doors and windows as possible. Only the Director or Assistant Director will be able to enter the classrooms as needed. If the incident passes within a reasonable amount of time, you will be notified of the lockdown when the staff can safely notify you. If the lockdown is for an extended period, we will notify parents and provide instructions for picking up your children in accordance with police instructions.*

**Discipline Policy:** *Children learn to consider others and respect their environment. At Montessori Learning Center, clear and age appropriate limits will be set to enable children to gently learn what is appropriate behavior. Children are encouraged to solve as many of their own problems as possible, under the guidance of a staff member. Children are encouraged to use their words to handle their differences, and shown how to stop others from interfering with their activities. When it becomes necessary for a teacher to intervene, age appropriate and constructive methods of discipline are used, starting with verbal intervention and progressing to redirection and removing the child from the situation, if needed. Physical or emotional danger will be grounds for a teacher to intervene immediately. Parents are notified verbally or in writing regarding any disciplinary action taken. Corporal punishments are never used.*

**Biting:** *Oral exploration, including biting, is a natural developmental stage that many children experience. It is usually a temporary condition which begins when children start teething, but may occur for other reasons in older children. Biting can also occur when children are tired, frustrated or*



*trying to gain attention. With the children's safety as our primary concern, Montessori Learning Center has developed the following procedures to address biting.*

- *The biting will be interrupted with a firm "No, we don't bite people!"*
- *The bitten child will be examined and comforted.*
- *The wound of the bitten child will be assessed and cleaned with soap and water. If it is determined that the bite requires medical treatment, a copy of the Incident Report will be mailed to Community Care Licensing within 7 calendar days.*
- *Staff will remove the biter from the situation and redirect him or her.*
- *Parents of both children will be notified of the biting incident. Appropriate forms (Incident Report) will be filled out and an action plan implemented if necessary.*
- *Confidentiality of all children involved will be maintained.*
- *The biter will be taught non-biting responses to situation and appropriate behavior will be reinforced.*
- *At the second instance of biting by the same child, an action plan may be developed and implemented with the biting child's parents' cooperation; a parent –teacher conference will be required.*

*With the exception of the Infant Center, Montessori Learning Center has a 3-bite rule. If a Pre-School-aged or older child bites another person (child or adult) three times within one year, the child's enrollment will be terminated. However, if it is deemed in the best interest of the child, the Center, and other children, Montessori Learning Center reserves the right to terminate the biting child's enrollment prior to the third bite, including children enrolled in the Infant Center. A written warning will be provided to the parents before this action is taken. We do our best to prevent these incidents, but we are required to consider the safety of all the children and not merely address the issue of the child biting.*

**Holidays and Vacation Days:** *The following holidays are observed at the Montessori Learning Center: New Year's Day; Dr. Martin Luther King, Jr., Day; Presidents' Day; Good Friday; Memorial Day; Independence Day; Labor Day, Thanksgiving Day; the Day after Thanksgiving and Christmas Day. In addition, the school is closed for a week during the Winter holidays (days vary each year). The observed and Winter holidays are included in the tuition. Monthly and weekly tuition must be paid as usual during the observed and Winter holidays.*



**Photographs:** Photographs of the children's participation in school activities may be taken from time to time. The photographs are displayed for children to enjoy, used in various arts and crafts projects and given to parents periodically. We upload photos periodically on the school website.

**Publicity Information:** We use the children's photos on premises, often for educational purposes or for the parents' benefit. With your permission, we may also use your child's picture for publicity and/or Social Media purposes. Please complete the Publicity Information form included in your Enrollment Package to indicate your preference regarding the use of photos for publicity purposes.

**Injury at School:** Scrapes, bumps and falls are inevitable. If such occurs, you will be notified and provided with a written note explaining the circumstances (Incident Report). In the event of a serious injury or illness or emergency, the school will take appropriate first aid action, and if necessary we will contact the Paramedics. You will be notified as soon as possible. If the school is not able to make contact with either you or your alternate contact, we will call 911. **It is the parent's responsibility to make sure that the contact information is current.**

**Termination Policy:** There is the possibility of termination of enrollment if any child's behavior poses a threat to the safety and well-being of other children or him or herself. Termination may also be a possibility if a child is exhibiting behavior that affects the classroom routine, and is disruptive to the point where it adversely affects the classroom setting. We strive to maintain a respectful, professional and friendly atmosphere at the school. We understand that situations may occur where a parent has concerns or questions. We ask that all parents discuss their questions and concerns with the staff in a professional and respectful manner. Aggressive behavior in speech or action is disruptive to the school setting and will not be tolerated. Montessori Learning Center reserves the right to terminate a child's enrollment at any time, and this can be made effective immediately if any of the above reasons are noted and determined by both the Director and the child's classroom teacher. In the event that your child's enrollment is terminated based on determination by Center staff, any pre-paid tuition will be pro-rated and refunded. If a child arrives at the school to attend, this is considered a "day" whether or not the child remains for the full day. The Registration fee is always non-refundable.



**Community Care Licensing Contact Information:** Montessori Learning Center is licensed by the Community Care Licensing Division of the California Department of Social Services. As per Title 22, the California Department of Social Services (CDSS) has the authority to interview children and staff, and to inspect and audit children's records or child care center records without prior consent or notice. CDSS has the authority to observe the physical condition of the children enrolled including conditions that could indicate abuse, neglect or inappropriate placement.

You may contact CDSS at:

**Orange County Regional Office**  
**750 The City Drive, Suite 250 MS 29-09**  
**Orange, CA 92868**  
**(714) 703-2800**



## **Incidental Medical Services**

### **Plan of Operation**

Montessori Learning Center shall administer over the counter and prescription medicines upon completion of all requirements of the school's Medication Policy. Montessori Learning Center is not able to provide specialized healthcare such as injections, eye drops, open wound care or changing dressings on a wound. Our staff does not have the training or qualifications to provide such care. If the child needs temporary specialized care, the school must be presented with a doctor's note and detailed instructions; the school will then determine if we are able to meet those needs. The parent may also be asked to pay for an additional staff member for the child's care, if the child's needs require a dedicated staff member. The Director or Assistant Director should be contacted if there are any questions regarding a particular situation.

All over the counter medicines require a Parent Consent for Administration of Medication, a prescription from a doctor and Medication Chart (LIC 9221) prior to administering any medicine. The medication will not be accepted if expired. The MLC staff can only give medication as prescribed on the container.

All prescription medications are to be in the original container. The Consent for Administration of Medication and Medication Chart (LIC 9221) will be required to be filled out prior to administering any medicine. The medication will not be accepted if expired. The MLC staff can only give medication as it is prescribed on the container.

All information on medicine containers and forms should match. Only an authorized representative of the child can fill out the required form. Any fever related issue, unless cleared by a current physician, will not exempt the child from being sent home. The infant room is the exception (for teething babies only).



In the case of nebulizer treatments the form Nebulizer Care Consent / Verification (LIC 9166) must be completed prior to any treatments. An authorized representative will be required to show the lead teacher the medication and preferred procedures before the staff is allowed to administer the medication. The administration of the nebulizer treatments can only be given by a staff member with current clearances in CPR and First Aid training.

The Medications are to be placed in clear plastic bag with a label on the top including the class, child's name, medication name, medication expiration date, portable patient record model expiration date, doctor's name, doctor's phone number, and dosage. Medication shall be stored out of reach of children. Any locked containers should have key easily accessible to adults but not children. Each staff member is to be made aware of the locations of medicine in each class. The forms are to be stored near the medications and available to the staff unless otherwise directed. Any accessories needed to administer the medication need to be provided by the authorized representative.

The staff at Montessori Learning Center has at minimum one trained teacher current in CPR and First Aid, with verification in staff file, present with children. The staff will be trained by an appropriate company with the American Red Cross seal. The staff is trained to handle emergency procedures only. In case of emergency the staff is required to ensure the environment is safe and the children are safe, and then call emergency personnel. The staff is required to wear gloves when caring for any child or adult when blood is present. The staff is required to maintain CPR procedures until relieved by professional medical personnel. In all procedures the staff is to maintain First Aid training requirements.

The center will plan for any specified incidental medical services while child is in care to ensure those services and care of other children are not interrupted. During field trips there are at least 2 full qualified teachers with no more than 15 children from ages 3-8 years of age.



All Staff is required to take safety precautions whenever bodily fluids are involved. When any staff member changes a diaper there should be gloves worn and proper disposal of waste diaper in diaper pail. If using school provided diaper mat it should be sanitized each time to prevent exchange of germs. If there is a personal pad it needs to be sanitized daily. The children over age two and potty training should have toilets wiped between children uses. After each child, the staff member is required to remove gloves and immediately wash hands. Diaper pails are to be emptied after 10 or more changes.

During an emergency disaster where evacuation is necessary the lead teacher, or lead substitute, are required to take out current medication, the coinciding equipment, and permission forms for any children needing incidental medical services. They are to be kept with the staff member attending to that child.

On the Parent consent for Administration of Medications and Medication Chart any time the child is given the authorized medication the staff member administering it is required to document and sign. When the form is complete it needs to be signed and dated by staff member. It will be placed in the child's file. The form is available with the medication for the parent's viewing. If medication has been on file a continued time the parent will receive a phone call first. For infants, the parents will receive a call and the staff member is required to write additionally of the name of medication given and time given on their daily chart.

Any serious injuries on premises will require reporting to the Department of Social Services. The injuries will be reported as soon as possible, within 24 hours or if on a weekend the following business day. The report will be documented at the facility and faxed to the Department of Social Services. The original copy will also be sent to the facility's assigned Programed Analysis.



## **MONTESSORI LEARNING CENTER**

### **PARENT HANDBOOK ACKNOWLEDGEMENT**

*I have received a copy of the Montessori Learning Center Parent Handbook, and understand that it contains important information about the school, program description, and policies and procedures. I acknowledge that I am expected to read, understand and familiarize myself with the material in this handbook.*

*Parent or Guardian Signature*

---

*Parent or Guardian Name*

---

*Child's Name*

---

*Date*

---





## **Incidental Medical Services**

### **Plan of Operation**

The Montessori Learning Center shall administer over the counter and prescription medicines upon completion of all requirements of the school. The Montessori Learning Center is not able to provide specialized healthcare such as injections, eye drops, open wound care or changing dressings on a wound. Our staff does not have the training or qualifications to provide such care. If the child needs temporary specialized care, the school must be presented with a doctor's note; the school will then determine if we are able to meet those needs. The parent may also be asked to pay for an additional staff member for the child's care, if the child's needs require a dedicated staff member. The Director or Assistant Director should be contacted if there are any questions regarding a particular situation.

All over the counter medicines require a Parent Consent for Administration of Medication and Medication Chart (LIC 9221) prior to administering any medicine. The medication will not be accepted if expired. The MLC staff can only give medication as permitted by manufacturer's instructions.

All prescription medications are to be in the original container. The Consent for Administration of Medication and Medication Chart (LIC 9221) will be required to be filled out prior to administering any medicine. The medication will not be accepted if expired. The MLC staff can only give medication as it is prescribed on the container.

All information on medicine containers and forms should match. Only an authorized representative of the child can fill out the required form. Any fever related issue, unless cleared by a current physician, will not exempt the child from being sent home. The infant room is the exception (for teething babies only.)



In the case of nebulizer treatments the form Nebulizer Care Consent / Verification (LIC 9166) must be completed prior to any treatments. An authorized representative will be required to show the lead teacher the medication and preferred procedures before the staff is allowed to administer the medication. The administration of the nebulizer treatments can only be given by a staff member with current clearances in CPR and First Aid training.

The Medications are to be placed in clear plastic bag with a label on the top including the class, child's name, medication name, medication expiration date, portable patient record model expiration date, doctor's name, doctor's phone number, and dosage. Medication shall be stored out of reach of children. Any locked containers should have key easily accessible to adults but not children. Each staff member are to be made aware of the locations of medicine in each class. The forms are to be stored near the medications and available to the staff unless otherwise directed. Any accessories need to administer the medication need to be provided by the authorized representative.

The staff at Montessori Learning Center has at minimum one trained teacher present with children current in CPR and First aid with verification in staff file. The staff will be trained by an appropriate company with the American Red Cross seal. The staff is trained to handle emergency procedures only. In case of emergency the staff is required to ensure the environment is safe and the children are safe, and then call emergency personnel. The staff is required to wear gloves when caring for any child or adult when blood is present. The staff is required to maintain CPR procedures until relieved by professional medical personnel. In all procedures the staff is to maintain First Aid training requirements.

The center will plan for any specified incidental medical services while child is in care to ensure those services and care of other children are not interrupted. During field trips there are at least 2 full qualified teachers with no more than 15 children from ages 3-8 years of age.



All Staff is required to take safety precautions whenever bodily fluids are involved. When any staff member changes a diaper there should be gloves worn and proper disposal of waste diaper in diaper pail. If using school provided diaper mat it should be sanitized each time to prevent exchange of germs. If there is a personal pad it needs to be sanitized daily. The children over two and potty training should have toilets wiped between children uses. After each child the staff member is required to remove gloves and immediately wash hands. Diaper pails are to be emptied after 10 or more changes.

During an emergency disaster where evacuation is necessary the lead teacher, or lead substitute, are required to take out current medication, the coinciding equipment, and permission forms for any children needing incidental medical services. They are to be kept with the staff member attending to that child.

On the Parent consent for Administration of Medications and Medication Chart any time the child is given the authorized medication the staff member administering it is required to document and sign. When the form is complete it needs to be signed and dated by staff member. It will be placed in the child's file. The form is available with the medication for the parent's viewing. If medication has been on file a continued time the parent will receive a phone call first. For infants, the parents will receive a call and the staff member is required to write additionally of the name of medication given and time given on their daily chart.

Any serious injuries on premises will require reporting to the Department of Social Services. The injuries will be reported as soon as possible, 24 hours or if on a weekend the following business day. The report will be documented at the facility and faxed to the Department of Social Services. The original copy will also be sent to the facility's assigned Programed Analysis.





## **MONTESSORI LEARNING CENTER**

### **TERMINATION POLICY**

There is the possibility of termination of enrollment if any child's behavior poses a threat to the safety and well-being of other children or him or herself. Termination may also be a possibility if a child is exhibiting behavior that affects the classroom routine, and is disruptive to the point where it adversely affects the classroom setting. We reserve the right to terminate a child's enrollment at any time, and this can be made effective immediately if any of the above reasons are noted and determined by both the Director and the child's classroom teacher. In the event that your child's enrollment is terminated based on determination by preschool staff, any pre-paid tuition will be pro-rated and refunded. If a child arrives at the school to attend, this is considered a "day" whether or not the child remains for the full day. The Registration fee is always non-refundable.

By signing below I acknowledge that I have been provided with a copy of Montessori Learning Center's Termination Policy.

---

Parent Signature

Date

---

Parent Name (Printed)





## **Montessori Learning Center**

**331 N. Harbor BLVD., Anaheim, CA 92805**

**(714) 999-6618**

### **ADMISSIONS AGREEMENT**

#### **1. Enrollment Process**

Accepting applications will be provided with an enrollment package. The complete package including all the required immunization records and physicians report and emergency contact must be submitted to the school along with the first tuition payment before the child can attend to school.

#### **2. Annual Registration Fee**

Each child, new or returning, is assessed an annual registration fee, depending on the program chosen: Infant Care or Pre-School.

#### **3. One-time Earthquake/ Disaster Preparedness Kit Fee**

All children are required to have an emergency kit in the event of an earthquake or other disaster. The kit is provided by the school at enrollment.

#### **4. Late Fees**

All tuition payments are due on or before the 1<sup>st</sup> of the month (for monthly children) or on Monday for weekly children. If payment has not been made, a late fee of \$30 will be charged on the 5<sup>th</sup> of the months.

#### **5. Return Check Fee**

A fee of \$30 will be charged on all checks returned by the bank. After the third occurrence, tuition payments will need to be either in cash or Cashier's Check.

#### **6. After Hours Fee**

A late fee of \$1.00 per minute is assessed, starting at 6:31 P.M. for children not picked up timely. Late fees need to be paid in cash to the teachers on duty.

#### **7. Refunds and Withdrawals**

A 20 school day written notice of intent to withdraw from school is requested. When the notice is received, children may attend and fees are charged from the day.

Montessori Learning Center

331 N Harbor Blvd, Anaheim, CA 92805. (714) 999-6618 / mlcanahaim@gmail.com



**8. Tuition Rates**

Infant Care \_\_\_\_\_

Pre-School \_\_\_\_\_

Pre-Kindergarten \_\_\_\_\_

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

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

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Director's Signature**

**Jeannette Davis**  
**Director's Name**

**Date:** \_\_\_\_\_



Montessori Learning Center  
331 N Harbor Blvd. Anaheim, CA 92805  
714.999.6618 / mlcanahiem@gmail.com

## **Montessori Learning Center**

### **Publicity Information**

**We use children's photos on premises, often for educational purposes or for the parents. Please complete this form in regards to using photos for PUBLICITY PURPOSES ONLY.**

**Regarding my child,\_\_\_\_\_**

**1.I DO NOT want my child's picture used for  
publicity purposes:**

**Signed\_\_\_\_\_ Date \_\_\_\_\_**

**2.I give my permission to have my child's picture  
used for publicity purposes:**

**Signed \_\_\_\_\_ Date \_\_\_\_\_**





## Montessori Learning Center

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### EMERGENCY CONTACT INFORMATION

|              |       |       |       |
|--------------|-------|-------|-------|
| Child's Name | _____ | DOB   | _____ |
| Gender       | _____ | Phone | _____ |

|                |       |                |       |
|----------------|-------|----------------|-------|
| Father's Name: | _____ | Mothers's Name | _____ |
| Address:       | _____ | Address:       | _____ |
| Phone:         | _____ | Phone:         | _____ |
| Email:         | _____ | Email:         | _____ |

### ADDITIONAL PERSON'S WHO MAY BE CALLED IN AN EMERGENCY

|                        |       |                        |       |
|------------------------|-------|------------------------|-------|
| Name (1):              | _____ | Name (2):              | _____ |
| Relationship to Child: | _____ | Relationship to Child: | _____ |
| Phone:                 | _____ | Phone:                 | _____ |

### NAMES OF PERSON'S AUTHORIZED TO TAKE CHILD FROM FACILITY

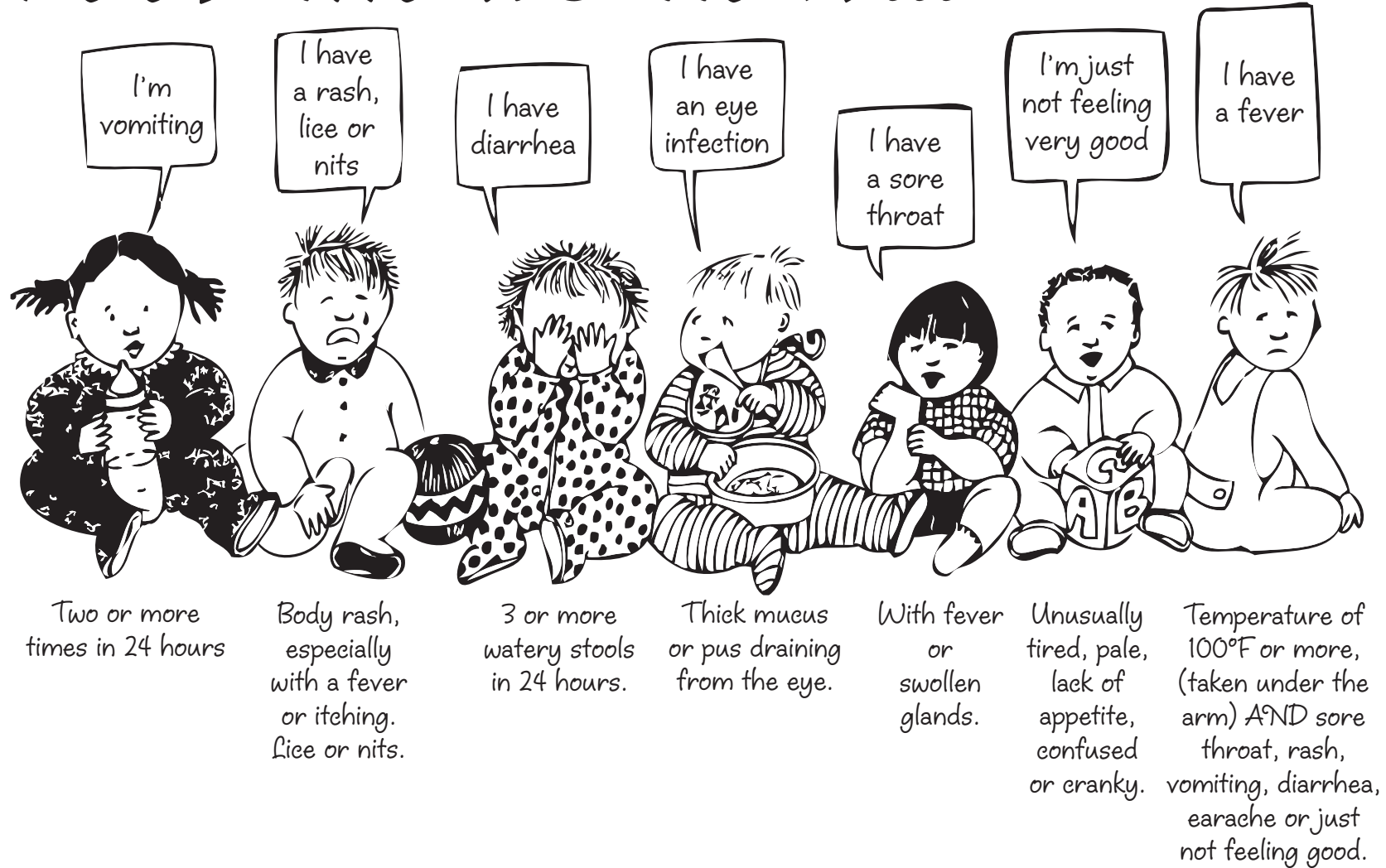
|                        |       |                        |       |
|------------------------|-------|------------------------|-------|
| Name (1):              | _____ | Name (2):              | _____ |
| Relationship to Child: | _____ | Relationship to Child: | _____ |
| Phone:                 | _____ | Phone:                 | _____ |

\_\_\_\_\_  
Signature of parent or Guardian

\_\_\_\_\_  
Date



# KEEP ME HOME IF...



## WHEN YOUR CHILD IS SICK:

1. HAVE PLANS FOR BACK UP CHILD CARE.
2. TELL YOUR CAREGIVER WHAT IS WRONG WITH YOUR CHILD, EVEN IF YOUR CHILD STAYS HOME.





Montessori Learning Center

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## Attention Parents:

We are a peanut and tree nut free school. We cannot give food that contains nuts. Any items will be sent home and we will give your child an alternate food.

Thank you for your patience, our concern is always the children's safety.



- *Montessori Learning Center Administration*





Montessori Learning Center  
331 N Harbor Blvd. Anaheim, CA 92805  
714.999.6618 / mlcanahiem@gmail.com

## Montessori Learning Center

### Elementary Daily Activity Schedule

|                   |                                                                 |
|-------------------|-----------------------------------------------------------------|
| 6:30-9:00.....    | Arrival, Eat Breakfast if brought from home. Daycare activities |
| 9:00-9:30... ..   | Circle Time. Montessori work and presentation.                  |
| 9:30- 10:00....   | Outside play time                                               |
| 10:00-11:30.....  | Individual work time                                            |
| 11:30- 12:00..... | Lunch                                                           |
| 12:00-12:30.....  | Child's free time to choose activity                            |
| 12:30- 1:00.....  | Outside play time                                               |
| 1:00- 1:20.....   | Rest period, Quiet time                                         |
| 1:20- 3:15.....   | Individual work time                                            |
| 3:15- 3:30.....   | Snack time                                                      |
| 3:30- 6:30.....   | Daycare/ free play                                              |



## **School Calendar 2022-2023**

**\*\*9/6/22-Academic session begins**

**9/5/22- Labor Day (CLOSED)**

- 9/28/22- Back to School Night Preschool 5:00pm-6:00pm PARENTS ONLY\*
- 9/29/22- Back to School Night Pre-K 5:00pm-6:00pm PARENTS ONLY\*
- 9/30/22- Back to School Night Preschool 5:00pm-6:00pm PARENTS ONLY\*

**\*\*10/31/22- Halloween Parade-Come dressed in costumes**

**\*\*11/18/22-Carnival Fundrasier-1:00pm Dismissal**

**11/24/22-11/25/22-Thanksgiving Holiday (CLOSED)**

**\*\*12/16/22-Holiday Concert- 10:00am PARENTS INVITED\***

**12/24/22-1/1/23-Holiday Vacation (CLOSED)**

**1/16/23-Martin Luther King Jr. Day (CLOSED)**

**\*\*2/14/23- Valentine's Day Exchange**

**2/20/23-President's Day (CLOSED)**

**\*\*3/17/23-St. Patrick's Day-Wear Green**

- 3/22/23-Open House for Preschool 3:30pm-6:00pm
- 3/23/23-Open House for Pre-K 3:30pm-6:00pm
- 3/24/23-Open House for Elementary 3:30pm-6:00pm

**\*\*4/6/23-Easter Egg Hunt**

**4/7/23-Good Friday (CLOSED)**

**\*\*5/1/23-5/5/23-Teacher Appreciation Week**

**5/29/23-Memorial Day (CLOSED)**

**\*\*6/16/23-Summer Concert- 10:00am PARENTS INVITED**

**\*\*6/20/23-Summer session begins**

**\*\*6/21/23-Report cards go home**

**7/4/23-Independence Day (CLOSED)**

**\*\*8/11/23-Teacher In-Service Day-1:00pm Dismissal**

**\*\*8/15/23-Academic session begins**

***\*Subject to change***