

Montessori Family School

Berkeley Campus - Summer Application / Contract 2010

Please Return No Later Than May 1, 2010

Child's Name _____
(Last) (First) (Middle)

Male Female Birth Date _____ Is Your Child a Napper Yes/No

Parent's Name			Parent's Name		
Address			Address		
City	State	Zip	City	State	Zip
Home Phone ()			Home Phone ()		
Work Phone ()			Work Phone ()		
Cell Phone/Pager ()			Cell Phone/Pager ()		
Email			Email		

Session I

June 21 - July 16

All 4 Weeks

9 - 12:30 9 - 3

Week 1

(6/21-6/25)

9 - 12:30 9 - 3

Week 2

(6/28-7/2)

9 - 12:30 9 - 3

Week 3

(7/6-7/9) school is closed Fri., 7/5 in celebration of 4th of July

9 - 12:30 9 - 3

Week 4

(7/12-7/16)

9 - 12:30 9 - 3

Session II

July 19 - August 13

All 4 Weeks

9 - 12:30 9 - 3

Week 5

(7/19-7/23)

9 - 12:30 9 - 3

Week 6

(7/26-7/30)

9 - 12:30 9 - 3

Week 7

(8/2-8/6)

9 - 12:30 9 - 3

Week 8

(8/9-8/13) School closes at Noon 8/13

9 - 12:30 9 - 3

Yes, I will need childcare from (please check) 8:00 a.m. - 9:00 a.m. 3:00 p.m. - 6:00 p.m.
 Before-school and Afterschool will be charged at an hourly rate of **\$8.50 per hour.**

All 4 Weeks 9 - 12:30 - \$1,295.00

9 - 3:00 \$ 1,495.00

Weekly Rate** 9 - 12:30 - \$ 347.00

9 - 3:00 \$ 400.00

Non-refundable deposit of \$100.00 is due with return of this contract.

Total Due Session I \$ _____ Total Due Session II \$ _____ Total Amount Enclosed \$ _____

- ◀ June 1, 2010 - balance due for Session I
- ◀ July 1, 2010 - balance due for Session II
- ◀ If full Payment is not received by the due date there will be a **\$20.00 late fee.**
- ◀ **All fees are non-refundable.**

School closes at **Noon** on the last day of Session II. Childcare will not be available after **12:00 p.m.**

Please fill out the back page to complete this application.

Health/Medical

Pediatrician's Name _____ Dentist's Name _____
Address _____ Address _____
Phone Number _____ Phone Number _____
Health Plan Coverage and Number _____ Health Plan Coverage and Number _____
Special Needs _____ Allergies _____
Food Restrictions _____ Other Restrictions _____

Emergency Information

Please list up to four emergency guardians who have agreed to take temporary care (in case of illness) or extended care (in a natural disaster) of your child if a parent cannot be reached. This person would come to the school and pick up your child for you. Please designate at least one person who lives within the neighborhood of the school.

	Name	Address	Phone	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

I (we) the undersigned parent, parents, or legal guardian of the above named child, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and rendered under the general supervision of Dr. (Name) _____, phone number _____ or any member of the medical profession licensed under the provisions of the Medical Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care but is given to provide authority and power for the aforementioned physician/s to render care which in his/her best judgment may be deemed advisable. This authorization is given pursuant to the provisions of Section 25.8 of the California civil code. The expense of any treatment, including ambulance service, will be accepted by me.

I would like my child transported to the nearest hospital or to _____.
Hospital/Medical Facility

I hereby consent to have my child participate in field trips away from the school and all other school related activities (walks, etc.) for all school programs (afterschool, etc.) while my child is enrolled at Montessori Family School.

I hereby give my permission to the Montessori Family School to use picture(s) of my child for promotional, publicity and news purposes relating to the operation of the school.

Billing Information

Person(s) to be billed _____ Please Bill My Account For Deposit

Mailing Address (include city, state, zip) _____

Home Phone (include area code) _____

Work Phone (include area code) _____

As parents of _____ we agree to pay tuition as outlined in the application/contract.

The above information is correct and true to the best of my knowledge and will remain in effect for the duration of my child's enrollment at Montessori Family School. I certify that I have read the above application / contract and understand it and am responsible for the policies outlined and the amounts stated herein.

Parent's Signature(s) _____

Date _____