

**Shining Star Montessori**  
**Learning Center**  
742 Roverton Court, San Ramon  
CA 94582

Toddler (1.5 Year- 2 Year) \_\_\_\_\_

Preschool 2 (2 Year- 3 Year) \_\_\_\_\_

Preschool 3 (3 Year- 4 Year) \_\_\_\_\_

Pre-K –Kindergarten (4 Year- 5 Year) \_\_\_\_\_

AM 5 Half Days \_\_\_\_\_

5 Full Days \_\_\_\_\_

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: Male / Female

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I/, \_\_\_\_\_, have decided to enroll my child,

\_\_\_\_\_, Into the Shining Star Montessori Learning Center

Toddler/Preschool/Pre k Program for \_\_\_\_\_ days/week and agree to pay \$ \_\_\_\_\_ per month as tuition.

\_\_\_\_\_ I have carefully read and agree to the following (Please initial here)

\_\_\_\_\_ One time registration Fee: A non-refundable fee of \$75 is due with the registration form for each student.

\_\_\_\_\_ Pick-Up: Parents need to pick up their child latest by 6:00 PM.

\_\_\_\_\_ A late fee of **\$1.00 per minute** will be paid to the center after the agreed upon pick up time.

\_\_\_\_\_ A deposit amount: Two week's tuition will be deposited before child starts the center. This deposit will be applied towards the last two weeks of tuition or refunded at the time of withdrawal from the center if all payments were made till the day of leaving.

\_\_\_\_\_ Tuition payment: Tuition fees are due by the 5<sup>th</sup> of each month. A late fee of \$5.00 will be charged per day after the 5th.

\_\_\_\_\_ Returned Checks: In the occurrence of returned checks, there will be a charge of \$25 fine per check.

\_\_\_\_\_ Change of Fees: Shining Star Montessori Program is obligated to give parents a 30-day notice for any increase in fees.

\_\_\_\_\_ Parents will pay the tuition for their vacation days if they want to hold the spot.

\_\_\_\_\_ Like any other working professional the provider will be taking two weeks paid vacation. The provider will give parents two weeks notice in advance. (Mostly during 4<sup>th</sup> of July/ Thanksgiving week or Winter Holidays)

\_\_\_\_\_ If the provider takes any additional days off for vacation due to illness, family emergency, trainings or workshops, etc., parents do not pay. Parents are responsible to have back-up care available in case of these closings.

\_\_\_\_\_ Termination of Agreement: Parents need to give a month notice in writing if they would like to withdraw their child from the program or change the enrolled program.

\_\_\_\_\_ Daycare provider has the right to terminate the daycare service for a child at any time with two weeks notice for the reasons the Daycare Provider feels necessary.

## **PAID HOLIDAYS VACATION POLICY**

New Years Day, January 1<sup>st</sup>

Martin Luther King Day

President's Day

Memorial Day

Independence Day

Labor Day

Veterans Day, November 11

Thanksgiving Day

The day after Thanksgiving Day

Winter Break December 24<sup>th</sup> through January 1st

### **SYMPTOMS REQUIRING REMOVAL OF A CHILD FROM DAYCARE**

1. We must exclude any child from our daycare center if he/she shows the following symptoms
  - Fever of 100 degree Fahrenheit
  - Pink eye- conjunctivitis or pus draining from the eye
  - Vomiting
  - Chicken pox
  - Diarrhea
  - Undiagnosed rash
  - A bacterial infection and has not treated for 24 hours with antibiotics
  - Unexplained lethargy, crying and is unable to participate in all the regular activities of the day
2. Parents, or persons named on emergency contact list, need to pick up their child promptly from the Daycare if any of the above symptoms are seen in the Daycare.
3. Parents need to provide release form from Doctor before the return of the child to Daycare if the child has a contagious illness.

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

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Director, Shining Star Montessori \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_