



Mulholland Montessori Preschool

Enrollment Application Checklist

- Admissions Agreement
- Identification and Emergency Information
- Child's Preadmission Health History – Parent's Report
- Child's Preadmission Health Evaluation – Physician's Report
- Consent for Medical Treatment
- Child's Immunization Record
 - *Written statement from parent(s) or authorized representative exempting child from medical assessment, immunizations, and treatment because of adherence to a religious faith that practices healing by prayer or other spiritual means; or physician's statement that immunization is not indicated.*
- Child Care Center Notification of Parent's Rights
- Child Care Center Personal Rights
- Photo Release Form
- All About Me Form
- Parent Handbook – *Hardcopy will be provided by the school*



Mulholland Montessori Preschool

Admissions Agreement

I would like to enroll my child at Mulholland Montessori Preschool.

Name of Student: _____ Date of Birth: _____

Home Address: _____

Please select the appropriate program:

Full Time = 7AM-6PM

Part Time = 8AM-12:30PM

☐ 5 days

☐ 3 days

☐ 5 days

☐ 3 days

Please circle days: M T W TH F

Parent #1 Name: _____ Phone: _____

Address: _____

Email: _____ Occupation: _____

Employed by: _____ Phone: _____

Parent #2 Name: _____ Phone: _____

Address: _____

Email: _____ Occupation: _____

Employed by: _____ Phone: _____

Tuition & Fees

The one-time registration fee of \$200 must accompany each application for enrollment before it may be processed. The registration fee is non-refundable unless the application is not accepted. There will be no tuition adjustments or make-up days for absences, vacations, holidays, or any school closures.

Tuition is due on the 1st of each month and late after the 5th of the month unless prior arrangements have been made. A late fee of \$25 will be charged after the 5th. A \$40 fee will be charged for all returned payments.

Mulholland Montessori Preschool will provide a notice 30 days prior to any tuition increases.

Payment Provisions

As the person responsible for payment of tuition and fees, I have read, understand, and agree to abide by the Mulholland Montessori Preschool policies.

Person responsible for tuition: _____ Signature: _____ Date: _____

Sign-in/Sign-out

Parent(s)/guardians understand that they must sign their child/ren in and out each day. Mulholland Montessori Preschool is not responsible for the child until he/she is signed in or after he/she is signed out. Only a child's parents/guardians or pre-designated adults on the emergency pick-up list are allowed to sign-in or sign-out a child.

Late Pick-up Fees

There will be a \$1 per minute charge for picking up your child/ren after 6pm. Late pickups from the half-day program between 8am-12:30pm will result in a full-day charge.

Days we are closed

Independence Day, Labor Day, Veterans Day, Thanksgiving Day, and the day after, New Year's Eve & Day, Martin Luther King Jr. Day, President's Day, Memorial Day, Juneteenth, and Columbus Day.

Program Changes

Parents may request a change in the child's program (schedule). However, program changes are not allowed mid-month. Program changes are only allowed at the beginning of the month.

Withdrawal

Withdrawal from the school requires a two-week advance notice. If notice is not given, the person/s responsible for paying the tuition must pay 2 weeks' tuition even if the child does not attend.

Termination

Mulholland Montessori Preschool reserves the right to terminate the enrollment of any child at any time, without any notice, who in judgement is not benefiting from the program, due to the child's behavior, monthly tuition not paid after the 5th of the month (unless prior arrangements were made), and/or parent(s)/guardian(s) not complying with the policies, handbook, rules and regulations of the school.

Summer Camp Fee:

All students currently enrolled or plan to enroll in our program must pay for the additional summer camp fee which varies every year. Nonpayment of these fees will result in an automatic disenrollment for the school year, and a new application will be required along with the \$200 registration fee upon re-enrollment after the summer camp is over.

Photography & Video Release

We may photograph or video children engaging in Montessori activities and special events for the purpose of school display, brochures, school website, social media, or promotional material. Parents who do not want their child's photographs or video being published as such are required to provide written notice; with the exemption of the Mulholland Montessori Preschool yearly Graduation & Winter shows which captures the entire school body.

Nondiscriminatory Policy

Our school does not discriminate against anyone based on race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender expression, age, physical or mental ability, veteran status, military obligations, and marital status, in any of its activities or operations. We are committed to providing an inclusive and welcoming environment for all members of our staff, students, clients, volunteers, subcontractors, vendors, and clients.

I have read, understand, and accept all the terms and conditions in this admissions/enrollment agreement. I have received a copy of the Parent Handbook and agree to follow the policies listed in therein.

Name of parent/guardian: _____ Signature: _____ Date: _____

☐ **Registration fee of \$200.00 is enclosed.**

For office use only

Date Received

Start Date

Class

Check/Amount

Director's Signature

**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

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:

☐ Chicken Pox	DATES	☐ Diabetes	DATES	☐ Poliomyelitis	DATES
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ 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 LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ 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?*
☐ YES ☐ NO		☐ YES ☐ 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:
☐ YES ☐ NO		☐ YES ☐ 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:
☐ YES ☐ NO		☐ YES ☐ 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
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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 ____ : 00
(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)	/ /		/ /							
(REQUIRED FOR CHILD CARE ONLY)		/ /		/ /							
HIB MENINGITIS	(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

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

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

_____ 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:

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: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

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.

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

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

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

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)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)



Mulholland Montessori Preschool

Photo and Video Release Form

As the parent of a child(ren) at Mulholland Montessori Preschool, I agree to the following:

- I understand that my child(ren) whose name(s) are listed below may be photographed/recorded at Mulholland Montessori Preschool during normal childcare hours, field trips, activities, preschool related events, and extra-curricular settings.
- I understand that these photographs/videos may be used in school newsletters or mounted on the Mulholland Montessori Preschool's website, social media pages, or any other publication/advertisement.
- I give permission for my child(ren)'s photographs/videos to be mounted on Mulholland Montessori Preschool's website, social media pages, newsletters, or any other publication. (When names are added, only first names will be used, with the last name initial.)

The following are the names of my children attending Mulholland Montessori Preschool:

() Yes, I confirm that I have read and understood the above, and agree to have my child(ren)'s photos/videos mounted on the Mulholland Montessori Preschool's website, social media pages, newsletters or any other publication.

() No, I do not wish to have my child(ren)'s photographs/videos published.

- *I understand there is an exemption that my child/children may be photographed and posted during the Mulholland Montessori Preschool's yearly Graduation & Winter shows which captures the entire student- body.*
- *I understand there is an exemption that my child/children may be photographed and posted through the Brightwheel app or any app the school utilizes as a form of communication.*

Name (please print) _____

Signature: _____

Date: _____



Mulholland Montessori
Preschool

ALL ABOUT ME

My full name is: _____

I like to be called: _____

I am _____ years old.

I am allergic to or N/A _____.

My favorite color is _____.

My favorite toy is _____.

My favorite food is _____.

My birthday is on _____.

When I'm sad I like to _____.