



LEARN AND PLAY MONTESSORI SCHOOL

Website: www.LAPMS.com Email: peralta@lapms.com

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Phone: (510) 870-2324 Fax: (510) 952-3555

- NEW ENROLLMENT
 RE-ENROLLMENT
 SCHEDULE CHANGE
 TRANSFER

Full Legal Name of Student: _____ Date of Birth: _____

Gender: Male Female

Is your child potty-trained? Yes No There is additional \$100 fee per month for children who are not potty-trained.

Today's Date _____ Start Date _____ Orientation Date _____

Application Fee: \$300 non-refundable application and processing fee.

Annual Material Fees: \$150 non-refundable materials fees for Preschool. \$300 non-refundable materials fee for Advanced Pre-K and Kindergarten. Material Fees will not be prorated.

Preschool, Kindergarten and After School Programs (2 years to 6 years)

Full-Day (8:00 AM – 6:00 PM)

- 5 days a week (\$1225.00 monthly)
- 3 days a week (\$875.00 monthly) (MWF)
- 2 days a week (\$725.00 monthly) (TTH)

Half-Day (8:30 AM – 11:30 AM)

- 5 days a week (\$825.00 monthly)
- 3 days a week (\$675.00 monthly) (MWF)
- 2 days a week (\$525.00 monthly) (TTH)

Extended -Day (8:30 AM – 2:30 PM)

- 5 days a week (\$950.00 monthly)
- 3 days a week (\$750.00 monthly) (MWF)
- 2 days a week (\$600.00 monthly) (TTH)

After School (11:30 AM – 6:00 PM)

- 5 days a week (\$825.00 monthly)

Morning Care (7:00 AM – 8:00 AM)

- \$95.00 monthly (5 Days a week)
- \$75.00 monthly (3 Days a week) (MWF)
- \$65.00 monthly (2 Days a week) (TTH)

After School (2:30 PM – 6:00 PM)

- 5 days a week (\$575.00 monthly)

How did you hear about Learn And Play Montessori School? _____

Referred By: _____

MOTHER OR GUARDIAN

Name

Home Address

City State Zip

Email Address

Cell Phone Cell Phone Carrier (to receive text messages)

Alternate Phone Number

FATHER OR GUARDIAN

Name

Home Address

City State Zip

Email Address

Cell Phone Cell Phone Carrier (to receive text messages)

Alternate Phone Number

School Policies

Start Date: If the child does not start school with Learn and Play Montessori Peralta, Inc (the "School") on the start date given by the parent, the child's enrollment will be automatically dropped. The parent may choose to proceed with the enrollment on a different date and if the space is available, the parent can re-register but will be required to pay the registration fee again. _____ Initials

Student File: Students file and orientation must be completed before the child's first day of school including Physician's Report and Immunizations. Without a Physician's Report and complete Immunizations, a child will not be able to start and tuition will not be prorated. If a Physician requires a TB test, parent must provide child's TB clearance before start date. _____ Initials

Terms of Payment and Returned Payment Fee: Tuition fees are due on the 1st of each month and are late after the 5th of the month. We accept check, cash or Tuition Express. Checks are payable to LAPMS. A \$25 fee is charged on all checks returned by the bank or Tuition Express. _____ Initials

Tuition Increase: Parents will receive a 30-day notice if there is a tuition increase. _____ Initials

Incidental Medical Services: You will be given a Plan of Operation clarifying school procedures in administration of Epi Pen and Nebulizer Medication. _____ Initials

Late Payment: A late fee of \$25 will be charged for any late payments after the fifth of the month. Tuition with late payment of \$25 must be submitted and cleared by the 15th of the month. Child's enrollment will be terminated if payment is not submitted by the 15th of the month. _____ Initials

Termination: The School reserves the right to terminate the enrollment of any child who in its judgment is not benefiting from the program, due to child's behavior, or if a parent, parents or guardians violate any school policies and procedures. No tuition refund will be given. _____ Initials

Absence: No credit, refund, or make-up days are given for emergencies, absence, illness, vacations or holidays. The School will not reserve a space for a child for any reason unless payment is submitted for the days of absence, vacation, or illness. Parents can choose to terminate enrollment, and re-enroll the child. The child will be re-enrolled if space is available. _____ Initials

Before and After Pickup Charges: The School operates from 7:00am-6:00pm Monday through Friday. Children must be picked up no later than their scheduled pick-up time and no later than 6:00pm. You will be charged \$2 per minute after 6:00pm. A flat fee of \$10 an hour will be charged for children enrolled in the Half-Day and Extended-Day program for early drop off or late pick-up. _____ Initials

Holidays and Staff Development Days: The School is closed to all children on Labor Day, Veteran's Day, Thanksgiving (2 days), Christmas and Winter Break (See School Calendar), New Year's Day, Martin L. King Day, President's Day, Memorial Day, Independence Day, and 2 Days in August for Teacher Training (See School Calendar). School reserves the right to make changes to the days off. The tuition will not be prorated. _____ Initials

Vacation and Withdrawal: 30-day written notice is required for any vacations and withdrawals. Vacations must be 10 consecutive business days or more for tuition to be prorated. In case no notice is given in writing to the School, one month's tuition is due. A 30-day written notice is required for graduating students. _____ Initials

Returning Students: The application fee and the annual material fee is not required if a student is taking a vacation of two months or less with a 30-day notice. The application fee and the material fee is required if a student is taking a vacation of more than two months, even if notice is given. If a student is withdrawn, the application fee and annual material fee is required for re-enrollment. _____ Initials

State Licensing: The state licensing agency has the right to review child or facility records and files without prior consent. When necessary the agency may interview a child or parent with or without permission from the School. _____ Initials

I have read, understand, and agree to all of the terms and conditions outlined in this contract.

Signature of Parent or Guardian Date

Signature of Parent or Guardian Date

Signature of Director Date

For office use only:

Payment Method _____
Start Date _____
Orientation Date _____
Lunch Option _____
Food Allergies _____
Health Concerns _____
Incidental Medicine _____
Photo Consent _____