



LEARN AND PLAY MONTESSORI SCHOOL

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

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Phone: (510) 826-2111 Fax: (510) 405-9301

☐ 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 registration and processing fee.

Annual Material Fees: \$180 non-refundable materials fee for Preschool. \$350 non-refundable materials fee for Advanced Pre-K and Kindergarten. Material Fee will not be prorated.

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

Full-Day (8:00 AM – 6:00 PM)

- ☐ 5 days a week (\$1425 monthly)
- ☐ 3 days a week (\$1150 monthly) (MWF)
- ☐ 2 days a week (\$875 monthly) (TTH)

Extended -Day (8:30 AM – 2:30 PM)

- ☐ 5 days a week (\$1150 monthly)
- ☐ 3 days a week (\$925 monthly) (MWF)
- ☐ 2 days a week (\$750 monthly) (TTH)

Half-Day (8:30 AM – 11:30 AM)

- ☐ 5 days a week (\$975 monthly)
- ☐ 3 days a week (\$800 monthly) (MWF)
- ☐ 2 days a week (\$650 monthly) (TTH)

After School (11:30 AM – 6:00 PM)

- ☐ 5 days a week (\$975 monthly)

After School (2:30 PM – 6:00 PM)

- ☐ 5 days a week (\$700 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 Fremont, 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 or Tuition Express. Checks are payable to LAPMS. A \$25 fee is charged on all checks returned by the bank or Tuition Express. _____ *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*

Credits/Refunds: No credit, refund, or make-up days are given for emergencies, absences, 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. The child will be re-enrolled if space is available. If School is shutdown or must close due to circumstances beyond School’s control, no credits or refunds will be issued. _____ *Initials*

Before and After Pickup Charges: The School operates from 8:00am to 6:00pm Monday through Friday. Children must be dropped off and picked up per their schedule. A flat fee of \$15 an hour will be charged for early drop off and/or late pick-up. For children picked up after 6:00pm there will be a \$2 per minute late charge. _____ *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, Spring Day, Memorial Day, Independence Day, and 2 Days in a year 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: A 30-day written notice is required when a child goes on vacation for 10 consecutive business days or more. If you are returning from vacation that is more than two (2) months, the tuition, registration and annual material fee will be required. If tuition is prorated, the school will not reserve space for your child unless tuition is paid for days of absence. _____ *Initials*

Withdrawal: A 30-day written notice is required to withdraw a child from the School. In case no notice or less than 30-day notice is given in writing to the School, one month’s tuition is due. A 30-day notice is required from graduating students. _____ *Initials*

Medical, Dental And Related Expenses: The School will not be responsible for any medical, dental, or related medical expenses including Ambulance expenses if the child gets injured at school. Parents or Guardians will be responsible for all medical, dental, and all related medical expenses. _____ *Initials*

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

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For office use only:

Payment Method _____

Start Date _____

Orientation Date _____

Epi Pen _____

Nebulizer _____

Food Allergies _____

Health Concerns _____

Incidental Medicine _____

Photo Consent _____