



# LEARN AND PLAY MONTESSORI SCHOOL

Website: [www.LAPMS.com](http://www.LAPMS.com) Email: [danville@lapms.com](mailto:danville@lapms.com)

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Phone: (925) 247-1000 Fax: (925) 886-2674

☐ 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 an additional \$125 fee per month for children who are not potty-trained.

Today's Date \_\_\_\_\_ Start Date \_\_\_\_\_

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

Annual Material Fees: \$350 non-refundable. Material Fee will not be prorated.

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

### **Full-Day (8:00AM – 6:00PM)**

- ☐ 5 days a week (\$1725 monthly) (M-F)  
☐ 3 days a week (\$1425 monthly) (MWF)  
☐ 2 days a week (\$1150 monthly) (TTH)

### **Extended -Day (8:30AM – 2:30PM)**

- ☐ 5 days a week (\$1425 monthly) (M-F)  
☐ 3 days a week (\$1175 monthly) (MWF)  
☐ 2 days a week (\$1025 monthly) (TTH)

### **Half-Day (8:30AM – 11:30AM)**

- ☐ 5 days a week (\$1275 monthly) (M-F)  
☐ 3 days a week (\$1100 monthly) (MWF)  
☐ 2 days a week (\$925 monthly) (TTH)

### **After School (11:30AM – 6:00PM)**

- ☐ 5 days a week (\$1225 monthly) (M-F)

### **After School (2:30PM – 6:00PM)**

- ☐ 5 days a week (\$950 monthly)

## **TODDLER PROGRAM (18 MONTHS to 36 MONTHS) \* – INCLUDES DIAPERING FEES**

### **Full-Day Program (8:00AM – 6:00PM)**

- ☐ 5 days a week (\$2300 monthly) (M-F)

### **Extended Day (8:30AM – 2:30PM)**

- ☐ 5 days a week (\$2075 monthly) (M-F)

**\*When a child turns 24 months, the parent's permission will be needed to move the child into the preschool program.**

### **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

**Start Date:** If the child does not start school with Learn and Play Montessori Danville, 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.

**Student File:** The student’s file and orientation must be completed before the child’s first day of school including the Physician’s Report and Immunization Record. Without a Physician’s Report and complete Immunization Record, a child will not be able to start, and tuition will not be prorated. If a Physician requires a TB test, the parent must provide the child’s TB clearance before the start date.

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

**Late Payment:** A late fee of \$25 will be charged for any late payments after the fifth of the month. Tuition with a late payment of \$25 must be submitted and cleared by the 15<sup>th</sup> of the month. The child’s enrollment will be terminated if payment is not submitted by the 15<sup>th</sup> of the month.

**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 the child’s behavior, or if a parent, parents, or guardians violate any school policies and procedures. No tuition refund will be given.

**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 the School or a classroom is shut down or must close due to circumstances beyond the School’s control, or as a result of a COVID-19, pandemic or other outbreak, in the School's reasonable discretion, no credits or refunds will be issued.

**Before and After Pickup Charges:** The School operates from 8:00 AM to 6:00 PM 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 6:00 PM there will be a \$2 per minute late charge.

**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, Juneteenth Day, Independence Day, and 2 Days in a year for Teacher Training (See School Calendar). The School reserves the right to make changes to the days off. The tuition will not be prorated.

**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.

**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.

**Medical, Dental, And Related Expenses:** The School will not be responsible for any medical, dental, optometry, 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.

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

**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.

**Pandemics/COVIC-19:** COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. The School has put in place preventative measures to reduce the spread of COVID-19 and other infectious diseases based on the guidance, orders and regulations of the CDC and State and local government agencies; however, even with such measures in place, we cannot guarantee that you or your child(ren) will not become infected.

BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THE CONTAGIOUS NATURE OF COVID-19 AND OTHER INFECTIOUS DISEASES AND THAT I OR THE STUDENT MAY BE EXPOSED TO OR INFECTED BY SUCH DISEASES BY PARTICIPATING IN THE SCHOOL PROGRAMS AND THAT SUCH EXPOSURE OR INFECTION MAY RESULT IN PERSONAL INJURY, ILLNESS, PERMANENT DISABILITY, OR DEATH. I UNDERSTAND THAT THE SCHOOL STAFF HAVE DIFFICULT JOBS TO PERFORM, AND WHILE THEY SEEK SAFETY, THEY ARE NOT INFALLIBLE. I UNDERSTAND THAT THE RISK OF BECOMING EXPOSED TO OR INFECTED BY SUCH DISEASES MAY RESULT FROM THE ACTS, OMISSIONS OR NEGLIGENCE OF THE SCHOOL STAFF OR OTHERS. I VOLUNTARILY ASSUME SUCH RISKS ON BEHALF OF MYSELF AND THE STUDENT AND HEREBY AGREE AND COVENANT TO RELEASE, INDEMNIFY, HOLD HARMLESS, DEFEND (AND NOT TO SUE) THE SCHOOL AND/OR ITS STAFF OR VOLUNTEERS FOR ANY CLAIMS, DAMAGES, LOSSES, EXPENSES OR LIABILITIES ARISING OUT OF OR RELATED TO ANY EVENT OR OCCURRENCE, INCLUDING NEGLIGENCE, RESULTING IN THE SPREAD OF THE COVID-19 VIRUS OR OTHER INFECTIOUS DISEASES TO ME OR THE STUDENT.

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 Director

\_\_\_\_\_  
Date

**For office use only:**

Payment Method \_\_\_\_\_

Start Date \_\_\_\_\_

Orientation Date \_\_\_\_\_

Epi Pen \_\_\_\_\_

Nebulizer \_\_\_\_\_

Food Allergies \_\_\_\_\_

Health Concerns \_\_\_\_\_

Non-Veg/Veg \_\_\_\_\_

Photo Consent \_\_\_\_\_