



# LEARN AND PLAY MONTESSORI PALO ALTO

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

4101 El Camino Way Palo Alto, CA 94306

Phone: (650) 800-7450

Welcome to Learn And Play Montessori Palo Alto. We are delighted that you have chosen our Montessori preschool program for your child's early education. Our dedicated team is committed to providing a nurturing, stimulating, and safe environment for children aged 18 months to 5 years.

Our basic services include an age-appropriate Montessori curriculum, nutritious snacks, a safe and secure environment, indoor and outdoor learning areas, and caring and experienced staff. We provide toddler and preschool options.

Tuition varies based on the program. We are dedicated to delivering high-quality education and care, fostering a love of learning in every child. Optional services are not currently offered.

☐ NEW ENROLLMENT   ☐ RE-ENROLLMENT   ☐ SCHEDULE CHANGE   ☐ TRANSFER

Full Legal Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: Male ☐ Female ☐ Today's Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

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

**Annual Material Fee:** \$350 non-refundable. Material Fees will not be prorated. To be charged with each September's tuition.

**Total School Fees:** \_\_\_\_\_

| Younger Toddlers (18-23 months)  |   |
|--|---|
| <b>Full-Day (8:00 AM – 6:00 PM)</b><br><input type="checkbox"/> 5 days a week (\$2535 monthly) (M-F)   | <b>Extended-Day (8:30 AM – 2:30 PM)</b><br><input type="checkbox"/> 5 days a week (\$1900 monthly) (M-F)  |
| Older Toddlers (2-3 years)   |   |
| <b>Full-Day (8:00 AM – 6:00 PM)</b><br><input type="checkbox"/> 5 days a week (\$2385 monthly) (M-F)<br><input type="checkbox"/> 3 days a week (\$1932 monthly) (MWF)  | <b>Half-Day (8:30 AM – 11:30 AM)</b><br><input type="checkbox"/> 5 days a week (\$1550 monthly) (M-F)<br><input type="checkbox"/> 3 days a week (\$1256 monthly) (MWF)  |
| <b>Extended-Day (8:30 AM – 2:30 PM)</b><br><input type="checkbox"/> 5 days a week (\$1790 monthly) (M-F)<br><input type="checkbox"/> 3 days a week (\$1450 monthly) (MWF)  |   |
| Preschool (3-5 years)  |   |
| <b>Full-Day (8:00 AM – 6:00 PM)</b><br><input type="checkbox"/> 5 days a week (\$2235 monthly) (M-F)<br><input type="checkbox"/> 3 days a week (\$1810 monthly) (MWF)<br><input type="checkbox"/> 2 days a week (\$1475 monthly) (TTH)     | <b>Half-Day (8:30 AM – 11:30 AM)</b><br><input type="checkbox"/> 5 days a week (\$1565 monthly) (M-F)<br><input type="checkbox"/> 3 days a week (\$1268 monthly) (MWF)<br><input type="checkbox"/> 2 days a week (\$1033 monthly) (TTH) |
| <b>Extended-Day (8:30 AM – 2:30 PM)</b><br><input type="checkbox"/> 5 days a week (\$1790 monthly) (M-F)<br><input type="checkbox"/> 3 days a week (\$1450 monthly) (MWF)<br><input type="checkbox"/> 2 days a week (\$1181 monthly) (TTH) |   |



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## MOTHER OR GUARDIAN

Name

Home Address

City State Zip Code

Email Address

Cell Phone Number

Alternative Phone Number

## FATHER OR GUARDIAN

Name

Home Address

City State Zip Code

Email Address

Cell Phone Number

Alternative Phone Number

**Start Date:** If the child does not start school with Learn And Play Montessori Palo Alto 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.

**Toddler Program:** A child who is between 18 months and 36 months of age may participate in the toddler program with written permission from the child's authorized representative. No child in the toddler program shall be placed in the preschool program before the age of 30 months without written permission from the child's authorized representative. By signing this Admissions Agreement, you approve of your child's enrollment into our Toddler Option program.

**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 1st of each month and are late after the 5th of the month. All families are required to sign up for automatic payments. All payments returned from the bank will be charged a \$25 NSF Fee, following 3 occurrences of bank returns it will be required that your auto pay method be switched to a credit card option.

**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, Teacher's In-Service Day(See School Calendar), Parent Teacher Conferences (See School Calendar).The School reserves the right to make changes to the days off. The tuition will not be prorated.

**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.

**Tuition Changes:** A yearly tuition increase is expected. A 30-day notice will be given to families for any tuition changes or program modifications.

**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.



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**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.

BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THE CONTAGIOUS NATURE OF 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 INFECTIOUS DISEASES TO ME OR THE STUDENT.

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

\_\_\_\_\_  
Approved by Parent or Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
School Director's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date