



Star Bright
Montessori

624 N Anaheim Blvd, Anaheim CA 92805

Admissions Agreement 2014 - 2015

Student's Information			
Child's Full Name:		Birth Date:	
Address:		Home Phone:	
City:	State	Zip	
Father/Guardian Name:		Mother/Guardian Name:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Email:		Email:	

Section 1: Program
<input type="checkbox"/> Toddler: (18 Months to 30 Months)
<input type="checkbox"/> Primary: (2 Years to 6 Years)

Section 2: Days & Hours (Hours of Operation: Monday thru Friday 7 a.m. to 6 p.m.)			
Half Day Hours	Days/Week	Monthly Cost	Selection
8:30a.m. - 12:30p.m.	2	300	<input type="checkbox"/>
8:30a.m. - 12:30p.m.	3	400	<input type="checkbox"/>
8:30a.m. - 12:30p.m.	4	480	<input type="checkbox"/>
8:30a.m. - 12:30p.m.	5	520	<input type="checkbox"/>
School Day Hours	Days/Week	Monthly Cost	
8:30a.m. - 3:00p.m.	2	400	<input type="checkbox"/>
8:30a.m. - 3:00p.m.	3	500	<input type="checkbox"/>
8:30a.m. - 3:00p.m.	4	540	<input type="checkbox"/>
8:30a.m. - 3:00p.m.	5	560	<input type="checkbox"/>
Full Day Hours	Days/Week	Monthly Cost	
7a.m. - 6p.m.	2	480	<input type="checkbox"/>
7a.m. - 6p.m.	3	560	<input type="checkbox"/>
7a.m. - 6p.m.	4	620	<input type="checkbox"/>
7a.m. - 6p.m.	5	660	<input type="checkbox"/>

Section 3: Discounts
Sibling Discount: How many siblings are enrolled for 2014 - 2015 School Year? [0] - No Additional Discount [1] - 10% Off/Month [2+] - 15% Off/Month
Other Discount: _____

Section 4: Lunch

Opt in to Lunch Program for \$4/Day Yes No
 If yes, you will pay a lunch fee of \$4 x # of weekdays in a month to Star Bright Montessori on the 25th of prior month with the tuition fee.

Section 5: Enrollment Agreement

Starting on _____, 2014, Star Bright Montessori will provide care for your child for program selected in section 1 on days and hours selected on section 2 of this agreement.

Section 6: Fees & Payments

Registration & Material Fee:

A non-refundable annual registration & material fee of \$150 is due and payable on the day of the enrollment, and thereafter on September 1st for each year your child is enrolled.

Tuition

You will pay Star Bright Montessori a tuition fee of \$_____ on the **25th of prior month**. Checks are made payable to **Star Bright Montessori**. We accept cash and checks only. Please be sure to request receipt at time of payment.

Section 7: First Day Of School

In accordance with State Law, the following forms completed before attending.

Please notify immediately if changes are made.

- Identification and Emergency Information (LIC 700)
- Consent for Emergency Medical Treatment (LIC 627)
- Physician's Report (LIC 701)
- Child's Preadmission Health History (LIC 702)
- Child Care Center Notification of Parent's Rights (LIC 995)
- Personal Rights (LIC 613A)

Personal items you need to provide on a weekly and/or daily basis.

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> Labeled Crib Size Sheet <input type="checkbox"/> Labeled Small Napping Blanket <input type="checkbox"/> Labeled Pillowcase <input type="checkbox"/> 2 Shirts <input type="checkbox"/> 1 Pair of Closed Toe Washable Shoes (cros, canvas slip on, etc.) <input type="checkbox"/> 2 Underpants <input type="checkbox"/> 2 Pants <input type="checkbox"/> Earthquake kit (Must Fit in 1 Gal Ziploc Bag) - once a year | <p>If Applicable</p> <ul style="list-style-type: none"> <input type="checkbox"/> Diapers <input type="checkbox"/> Diaper Rash Cream <input type="checkbox"/> Wipes <input type="checkbox"/> Medication (prescription required) <p>Daily Items On Going</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lunch Box <input type="checkbox"/> Water Sippy Cup |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

I have read, understand and agree to abide by Parent Handbook and the above policies and conditions:

Parent/Guardian Signature _____ Date _____