

**Shining Star Montessori
Learning Center**
742 Roverton Court, San Ramon
CA 94582

Preschool 3 /Pre-K (3 Year- 5 Year) _____

AM 5 Half Days (8:30-12:30pm) _____

5 Full Days (8:30- 5:30pm) _____

Full day Tuition: \$1375

Half day tuition \$975

Name of Child: _____

Address: _____ City: _____ Zip: _____

Birthdate: _____ / _____ / _____ Sex: Male / Female

Mother's Name: _____

Address: _____ City _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Father's Name: _____

Address: _____ City _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

I/, _____, have decided to enroll my child,

_____, Into the Shining Star Montessori Learning Center

Toddler/Preschool/Pre k Program for _____ days/week and agree to pay \$_____ per month as tuition.

_____ I have carefully read and agree to the following (Please initial here)

_____ One time registration Fee: A non-refundable fee of \$100 is due with the registration form for each student.

_____ Pick-Up: Parents need to pick up their child latest by 5:30 PM.

_____ A late fee of **\$1.00 per minute** will be paid to the center after the agreed upon pick up time.

_____ A deposit amount: Two week's tuition will be deposited before child starts the center. This deposit will be applied towards the last two weeks of tuition or refunded at the time of withdrawal from the center if all payments were made till the day of leaving.

_____ Tuition payment: Tuition fees are due by the 5th of each month. A late fee of \$10.00 will be charged per day after the 5th.

_____ Returned Checks: In the occurrence of returned checks, there will be a charge of \$25 fine per check.

_____ Change of Fees: Shining Star Montessori Program is obligated to give parents a 30-day notice for any increase in fees.

_____ Parents will pay the tuition for their vacation days if they want to hold the spot.

_____ Like any other working professional the provider will be taking two weeks paid vacation. The provider will give parents two weeks notice in advance. (Mostly during 4th of July/ Thanksgiving week or Winter Holidays)

_____ The provider will also be taking two weeks of unpaid vacation. Parents do not pay for those days.

_____ If the provider takes any additional days off for vacation, due to illness, family emergency, trainings or workshops, etc., parents do not pay. Parents are responsible to have back-up care available in case of these closings.

_____ Termination of Agreement: Parents need to give a month notice in writing if they would like to withdraw their child from the program or change the enrolled program.

_____ Daycare provider has the right to terminate the daycare service for a child at any time with two weeks notice for the reasons the Daycare Provider feels necessary.

PAID HOLIDAYS VACATION POLICY

New Years Day, January 1st

Martin Luther King Day

President's Day

Memorial Day

Independence Day

Labor Day

Veterans Day, November 11

Thanksgiving Day

The day after Thanksgiving Day

Winter Break December 24th through January 2nd

Yearly Paid Vacation

Like any other professional the provider will be taking 2 weeks of paid vacation. The provider will give you at least 15 days advance notice about the vacation plans.

Following is the list of paid vacation planned for year 2022-2023

November 21, 22, 23 (during thanksgiving break)

December 3, 4, 5, 6 (during Winter Break)

February 16,17

May 8th

The provider will also be taking two weeks of unpaid vacation. Parents don't pay for those days.

Unpaid Vacation

Spring Break April 3-7

Summer Break 1 week, TBD

SYMPTOMS REQUIRING REMOVAL OF A CHILD FROM DAYCARE

1. We must exclude any child from our daycare center if he/she shows the following symptoms
 - Fever of 100 degree Fahrenheit
 - Pink eye- conjunctivitis or pus draining from the eye
 - Vomiting
 - Chicken pox
 - Diarrhea
 - Undiagnosed rash
 - A bacterial infection and has not treated for 24 hours with antibiotics
 - Unexplained lethargy, crying and is unable to participate in all the regular activities of the day
2. Parents, or persons named on emergency contact list, need to pick up their child promptly from the Daycare if any of the above symptoms are seen in the Daycare.
3. Parents need to provide release form from Doctor before the return of the child to Daycare if the child has a contagious illness.

Parent/Guardian Signature _____

Print Name _____ Date _____

Director, Shining Star Montessori _____

Print Name _____ Date _____