

Woodcrest Montessori Education Center, Inc.

Registration Form

Registration Fee (due at time of registration)

This annual non-refundable fee is required to hold the student's place in the class. The fee pays for materials and expenses involved in processing and updating children's files throughout the year.

Registration Fee..... \$100.00
(2nd Child in household)..... \$ 60.00

Materials Fee (due by September 1)

This annual non-refundable charge is required for miscellaneous educational classroom materials need throughout the school year.

Materials Fee..... \$100.00

Tuition is due on the third of the month by 6:00pm. Any payment after this time will be considered late and a fee of \$50.00 will be added to your account. If tuition becomes two weeks delinquent, termination of enrollment will be assessed. There are no discounts for partial attendance or for legal and school holidays.

Returned Check

A fee of \$50.00 will be charged for any returned check. Woodcrest Montessori Education Center, Inc. will have the option to refuse any further

payment by check. Either money order or cash must redeem returned checks. A late fee if applicable will also be charged.

Late Pick-Up Fee

School closes promptly at 6:00pm. A late fee of \$30.00 will be charged for each 15 minutes or part thereof, for children not picked-up at closing time. This fee is payable directly to the teacher in charge and due at the time of your arrival. After three late pick-ups the fee will be changed to \$40.00 for 15 minutes or part there of and remain this fee for the remainder of the school year.

Woodcrest Montessori Education Center, Inc.

Registration for school year

Child's Name: _____

Date of Enrollment: _____

Please Sign

In signing below:

- I acknowledge and agree to the financial information and agreement.
- I have received the school calendar and understand there are no discounts for the scheduled school closings.
- I understand that I may ask Woodcrest Montessori Education Center, Inc. any questions I might have regarding registration, financial issues and procedures.

Signed: _____ Date: _____

Center Representative: _____ Date: _____

Woodcrest Montessori Education Center, Inc.

Registration Form

Child's Name: _____ Telephone No: _____

Address: _____
 No & Street **City** **Zip Code**

Age: _____ Date of Birth: _____

Full Name of Parent/Guardians: _____

Parent/Guardian's Employer, Occupation & Daytime Telephone Number

Employer	Occupation	Telephone No.	(Hours)

Employer	Occupation	Telephone No.	(Hours)

PERSON WHOM CHILD CAN BE LEFT WITH IN CASE OF EMERGENCY

Name: _____ Telephone No: _____

Name: _____ Telephone No: _____

Physician to be called in case of emergency when Parent/Guardian cannot be reached

Name: _____ Telephone No: _____

Address: _____

Names of persons authorized to pick up your other than the Parent/Guardian

Name	Address	Telephone No.

Name	Address	Telephone No.

Comments: _____

16191 Washington Street, Riverside Ca 92504 (909) 789-9319
Woodcrest Montessori Education Center, Inc.

**16191 Washington Street
Riverside, California 92504**

ALL FILES ARE KEPT STRICTLY CONFIDENTIAL. FOR THE BENEFIT OF YOUR CHILD, PLEASE GIVE US ANY INFORMATION YOU FEEL WE SHOULD KNOW PERTAINING TO YOUR CHILD'S EMOTIONAL OR MENTAL STATE SUCH AS: RECENT DEATH IN THE FAMILY; DIVORCE; HAS CHILD BEEN PHYSICALLY ABUSED IN ANYWAY; IS CHILD A BEDWETTER; THUMB SUCKER; STUTTERS; HYPER-ACTIVE; DOES CHILD REQUIRE EXTRA AMOUNT OF ATTENTION; EXTRA SENSITIVE; ACUTE ILLNESS; ANY TRAUMATIC HAPPENINGS IN HIS OR HER LIFE; EXTRA BRIGHT; SLOWER THAN NORMAL; PARTICULARLY ATTACHED TO A PERSON OR ITEM. PLEASE MAKE NOTATION BELOW IF YOU FEEL THERE IS ANYTHING THE SCHOOL SHOULD KNOW.

CHILD MAY BE PICKED UP BY:

Name: _____

Name: _____

Name: _____

CHILD MAY NOT BE PICKED UP BY:

Name: _____

Name: _____

Name: _____

Comments

CHILD CARE CENTER

NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a **certified** copy of a court order
6. Receive from the licensee the name, address and telephone number of the local licensing office.
Licensing Office Name: Community Care Licensing Division
Licensing Office Address: 3737 Main St. Suite 700 Riverside, Ca
Licensing Office Telephone #: (951) 782- 4200
7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (12/06)

(Detach Here – Give Upper Portion To Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Woodcrest Montessori Education Center Inc.
Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and copy of the Notification given to Parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

LIC 995 (12/06)

Woodcrest Montessori Education Center, Inc.

PUBLICITY INFORMATION

Regarding my child, _____

1. I do not want my child's picture used for publicity purposes:

Signature

Date

2. I give my permission to have my child's picture used for publicity purposes:

Signature

Date

If permission is granted, check one below:

A I do not want my child identified by name: _____

B My child may be identified by name in the picture: _____

Woodcrest Montessori Education Center, Inc.

AUTHORIZATION TO CONSENT TO TREATMENT FOR MINOR

I/we, the undersigned, parent(s) of _____
A minor, do hereby authorize Woodcrest Montessori Education Center, Inc.,
as agent for the undersigned, to consent to any x-ray examination,
anesthetic, medical or surgical diagnosis or treatment and hospital care
which is deemed advisable by and is to be rendered under the general or
special supervision of any physician and surgeon licensed under the
provisions of the Medicine Practice Act on the medical staff of Woodcrest
Medical Clinic, weather such diagnosis or treatment is rendered at the office
of said physician or at said hospital.

It is understood that this authorization is in advance of any specific
diagnosis, treatment or hospital care being required, however, is given to
provide authority and power on the part of our aforesaid agent to give
specific consent to any and all such diagnosis, treatment or hospital care
which the aforementioned physician in the exercise of his best judgment
may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the
civic Code of California.

This authorization shall remain effective until _____,
20_____, unless sooner revoked in writing and delivered to said agent(s).

Date

Father

Witness

Mother

Witness

Legal Guardian

(To be completed in duplicate. Original to Hospital)

Name of Family or Preferred Physician

(_____)_____
Phone Number

Woodcrest Montessori Education Center, Inc.

Parent Handbook Agreement

- I acknowledge that I have received the Woodcrest Montessori Education Center, Inc. Parent Handbook.
- I understand it is my responsibility to accept and support the guidelines established in the Parent Handbook.
- I understand I had the opportunity to clarify any questions.
- I understand that the Parent Handbook does not constitute any promises and that Woodcrest Montessori Education Center Inc. has the right to rescind or revise any contents of the Parent Handbook without advance notice.

Signature of Parent or Guardian

Date

Center Representative

Date

Woodcrest Montessori Educational Center, Inc

Dear Parents;

In case of an emergency, such as an earthquake, each child must bring to school:

1 labeled hard plastic container with lid not to exceed 12” by 12”

- 6 granola bars
- 4 fruit roll-ups
- 6 small pull top cans of fruit
- 4 snack size cheese and crackers
- 4 peanut butter and crackers/ or similar
- 1 small closable package of wet wipes
- 6 plastic spoons
- 6 sport size bottles of water

1 labeled hard plastic container with lid not to exceed 12” by 12”

- 2 pairs of underwear or pull-ups
- 2 pairs of socks
- 2 warm shirts
- 2 pairs of long pants
- 1 polarshield emergency blanket
- 1 penlight flashlight with extra batteries
- 1 picture of family members
- 1 personal kit (small box of crayons and coloring book or small stuffed animal)

Each box should be labeled with:

1. Student's name
2. Student's address
3. Student's home phone number
4. Parent's business number(s)

Thank you for your cooperation,

Center Director

