

NEW STUDENT REGISTRATION FORM

Child's Name: _____ Date of Birth: _____ Male/Female

Parent/Guardian's Name _____

Address _____ City _____ Zip Code _____

E-mail Address Mom: _____

Phone Numbers Mom (cell) _____ (work/home) _____

E-mail Address Dad: _____

Phone Numbers Dad (cell) _____ (work/home) _____

HALF DAY
9:00 am - 12:00 pm

3 days a week ____ M TU W TH F

5 days a week ____

FULL DAY
9:00am - 3:00 pm

3 days a week ____ M TU W TH F

5 days a week ____

EXTENDED DAY CARE
7:00 am - 9:00 pm / 3:00 pm - 6:00 pm

AM Daycare ____ PM Daycare

Termination Policy:

Toddler and Preschool Programs: All deposits and enrollment fees are non-refundable. If parent desires to withdraw Student from Toddler or Preschool Program prior to the end of the School's academic year, Parent is required to provide the School with a thirty (30) day written notice advising of the Student's last day of school. Unpaid tuition shall continue to be due and payable notwithstanding any early withdrawal regardless of reason until the last day the Student attends School or until thirty (30) days after Parent delivers written notice to the School, whichever is later.

Elementary Programs: All deposits and enrollment fees are non-refundable. There are no cancellations of this agreement for students enrolled in the Elementary Program. By signing this agreement, you are committing to a 10-month (September-June) enrollment period. Should Parent choose to not have child attend the program, all tuition will continue to be due through the end of the agreement and payable to the School.

I have read and agree to the policy, which is also stated in our Admissions Agreement:

Parent Signature Date Parent Signature Date

Required Fees:

____ New Student Registration Fee \$200.00 (**non-refundable**) ____ Tuition Deposit: \$400.00 (**non-refundable**)

Total Amount Paid: ____ Date: ____ Check: ____

NEW STUDENT INFORMATION

- Drop off & Pick Up: Before your child starts school, please be sure to sign up for the Procure Connect App to sign your child in/out daily.
- Pizza Friday: Every Friday, your child has the option to have pizza for lunch along with an individual fruit cup or apple sauce, To have your child participate, please pay the front office \$5.00 (cash or check-made out to FVM PTU)
- Bedding: If your child will be staying for a full day at FVM, please be sure to pack bedding for nap time. In a pillowcase provide a fitted crib sheet. You may choose to pack a pillow, blanket, special stuffed animal. We ask that it all fits within the pillowcase, as the classrooms have limited space.
- Extra Clothes: Please make sure your child has at least TWO sets of extra clothing in their cubbies at all time. All items should be labeled in a Ziploc bag. We recommend shirts, pants/shorts, underwear, shorts, and an extra pair of shoes.
- Snack: Morning snack will be provided by the "snack host" and an afternoon snack if staying for daycare will be provided by FVM.
- Parent/ School Communication: Good communication between school and home truly enhances your child's learning experience. FVM staff and teachers will communicate by email. Please routinely check your emails for classroom and school updates.
- Econo- kits: FVM has a disaster plan in place to maintain the safety and care of our students and staff in the event of a disaster or emergency. In case of a disaster, it is the school's policy to be prepared to house and care for each child enrolled. Therefore, FVM requires each student to purchase an Econo-kit. The cost is \$25 and includes the following: 3 days supply of food and water, a solar blanket, an emergency light stick, and a 15- piece first aide set. The perishable items have a 5- year shelf life.
- Health Information: Students will be sent home for any of the following reasons: biting, fever over 100, vomiting and/or dysentery, persistent cough or runny nose, any nasal discharge that is discolored (not clear). Students will also be sent home if it is suspected that they might have a communicable disease as well as any wound or sore that is not properly covered.
- A student with a fever (over 100), or who is sent home from school due to have a fever, must be symptom free for 24 hours before returning to school.
- Medication at School: if antibiotics or medications are prescribed to a child due to a chronic condition or sickness, paperwork must be filled out prior to FVM being able to administer. Please see office for specific forms.
- Parent Handbook: To view our Parent Handbook, please visit our website at www.fvmontessori.com and turn in the signature page on your child's first day of school.

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FVMONTESSORI



FOUNTAIN VALLEY MONTESSORI



FVMONTESSORI

ADMISSIONS AGREEMENT 2025/2026

This Admission Agreement (herein referred to as "Agreement") is entered into between Fountain Valley Montessori located at 18410 Brookhurst St. Fountain Valley, CA 92728 (herein referred to as the "School") and _____ (herein referred to as "Parent"). Parent is either the parent or legal guardian of the student whose name is listed below. This Agreement is for the entire academic school year which is a ten (10) month program that begins in September and runs through June. In order to secure a place for the following school year Student must be enrolled for a minimum of one month during summer 2025. By signing this Agreement, the School and Parent agree to the terms and conditions contained in this Agreement.

Student's Name: _____ Date of Birth: _____
Parent or Guardian: _____ Relationship: _____

☐ Toddler ☐ Preschool ☐ Elementary

A. BASIC SERVICES PROVIDED BY THE SCHOOL - The School operates under the regulations and guidelines set forth by Community Care Licensing and the State of California Department of Education. The Parent desires to enroll the Student in one of the School's Programs and the School agrees to provide the following basic services:

1. Refer to Appendix A & B which is attached to and is part of this Agreement for the specific program, hours, number of days and if Student is enrolled in morning and/or afternoon daycare.
2. School will assume responsibility for the student once the student has been signed in by the Parent. The school will retain responsibility of the Student until the Parent or other adult designated by the Parent signs out the student.
3. School regrets that no over-the-counter medications will be administered to the student. All prescriptions will only be administered to the student with prior written consent from the Parent which will include written directions of use by the student's physician.
4. If necessary, the school's staff will administer first aid to the student and if, in the judgment of the staff, further medical attention is required, the Parent will be contacted. Paramedics or other emergency services will be called in the event of an emergency. The Parent will be contacted as soon as reasonably possible if emergency services are required.
5. If the Student becomes ill while at School, he or she will be isolated and given appropriate care until picked up by the Parent or authorized person within 30 minutes of notification.
6. School's staff will make every effort to safeguard personal belongings brought to School by the Student but shall not be responsible for lost or damaged items.
7. Director or any other staff member of the school will report to Community Care Licensing, Children's Protective Services or the Police Department as required by the state, if any suspicion of child abuse, sexual or otherwise, neglect, or endangerment of which they become aware.

B. OBLIGATIONS AND RESPONSIBILITIES OF PARENT OR GUARDIAN - Parent understands the importance of following the guidelines set forth in the Parent Handbook as well as the obligations and responsibilities outlined below:

1. Parent will furnish the school with the requested medical information prior to the first day of school.
2. Parent will sign the student in each morning upon arrival and sign out when the student departs from the school.
3. Parent will notify the school, in writing, when someone other than those named on the emergency list will be picking up the student.
4. Parent will provide the student with a nutritious and balanced lunch keeping in mind the school has a low sugar policy.
5. If the student becomes ill while at School, he /she will be isolated and given appropriate care until picked up by the parent or authorization person within 30 minutes of notification.
6. Parent will notify the school if the student is absent by calling the school by 8:30 a.m.
7. Parent will attend School Parent/Teacher Conferences when asked to do so by the school staff.
8. Parent will enroll Student for a minimum of one month during the summer in order to secure enrollment for 2025-2026 academic year.
9. In the case of custody agreements between parents and/or legal guardians, which stipulate specific visitation agreements between parties, please provide the school with a legal Court document that has been signed by a Judge with an official Court seal.

C. TERMINATION OF THE AGREEMENT- This Agreement will be terminated if any one or more of the following conditions occur:

1. School year has come to an end.
2. Student disregards or does not abide by the rules and regulations of the school.
3. School determines that the student's conduct or performance demonstrates an unwillingness or inability to be productive while attending School.
4. Parent fails to cooperate with the school or disregards or does not abide by the rules and regulations of the school.
5. School determines that the continued enrollment of the Student in the School is not in the best interest of the Student or the School.
6. School determines that the continued involvement of the Parent with the School is not in the best interest of the Student or School.
7. In exercising its discretion regarding termination of this Agreement, the school may require the student and/or the parent to attend conference(s) with School personnel regarding the matters that potentially warrant termination of this Agreement. The parent may also request a conference(s) with school personnel regarding the matters that potentially warrant termination.

8. School's Director and staff shall have the sole right and responsibility to determine any disputed factual matters regarding termination of this Agreement.
9. Other reasons as determined at the sole discretion of the school.
10. Re-enrollment of the Student shall be at the sole discretion of the School's Director.
11. **All deposits and enrollment fees are non-refundable. There are no reductions in tuition, credits or refunds, for absences due to illness, vacations, or school closures. If parent desires to withdraw student from Toddler or Preschool Program prior to the end of the school's academic year, parent is required to provide the school with a thirty (30) day written notice advising of the student's last day of school. Unpaid tuition shall continue to be due and payable notwithstanding any early withdrawal regardless of reason until the last day the student attends School or until thirty (30) days after parent delivers written notice to the school, whichever is later. There are no cancellations of this agreement for students enrolled in the Elementary Program. By signing this agreement, you are committing to a 10-month (September-June) enrollment period. Should parent choose to not have child attend the program, all tuition will continue to be due through the end of the agreement and payable to the school.**

Parent/Guardian initial _____ Parent/Guardian initials _____ Director initials _____

D. TUITION PAYMENTS, OTHER FEES AND CHARGES - The Parent is responsible for timely payment of the following tuition payments and other fees and charges on or before the dates specified in Appendix A and B and in accordance with the following additional terms and conditions:

1. Tuition Deposit of \$400.00 will be applied towards the first payment due and is due upon enrollment.
2. Single payment option is due in full on August 15, 2025.
3. Two payment option is due 50% on August 15, 2025, and 50% on January 15, 2026.
4. Ten (10) payment option is due 10% on August 15, 2025, and 10% on the 15th of each month thereafter until paid in full.
5. A late fee of \$50.00 will be assessed for tuition payments received 10 days after the due date. If tuition payment is not received by the 1st of the month, the student will be dropped from School and the School reserves the right to fill the vacancy with another student.
6. Any check for tuition payment returned by the bank for any reason will be subject to a \$25 returned check fee.
7. If Student enrolls after the start of the academic school year, tuition payment for the remainder of the academic year will be prorated accordingly. Annual tuition for the remainder of the year will be calculated by dividing the number of months remaining in the academic year into the total number of months in the academic year which is ten (10).

E. AMENDMENT OF THIS AGREEMENT - No provision of this Agreement shall be amended, revoked or waived except by an instrument in writing signed by both the School and Parent. Notwithstanding the foregoing, School shall have the absolute right to amend, revoke or waive any provision in the Parent Handbook without the consent of the Parent and, in such event, Parent agrees to comply with any such amendment, revocation and/or waiver. In the event of any conflict between this Agreement and the Parent Handbook, this Agreement shall control.

F. COMMUNITY CARE LICENSING AND CHILD PROTECTIVE SERVICES RIGHT TO INTERVIEW AND AUDIT - School and Parent are aware of the State of California, Child Protective Services (CPS) right to interview Student and audit records maintained by the school without securing the prior consent of Parent. CPS has the authority to observe the physical conditions of the student and, at their sole discretion, may request the student be examined by a licensed medical professional. The local law enforcement agency will be contacted if School or CPS deem necessary.

G. GOVERNING LAW AND ATTORNEY FEES - This Agreement shall be governed by and construed and enforced in accordance with the laws of the State of California. In the event any action is initiated to enforce or determine the rights or duties of either party hereto arising out of the terms of this Agreement, the prevailing party shall recover reasonable attorney's fees and costs through all levels of any action incurred in such proceeding, including, without limitation, trial court, appeals and bankruptcy proceedings.

H. ACCEPTANCE OF THIS AGREEMENT BY PARENT - By signing this Agreement, the School and Parent agree to all of the terms and conditions herein and understands this Agreement is for an entire academic year which is a ten (10) month period beginning in September and ending in June. Parent agrees to cooperate with the general policies of the school, to perform the obligations of Parent as set forth in this Agreement and to abide by the rules, regulations and the Parent Handbook as provided by the School. Parent(s) signature below indicates that Parent has read and understands all the provisions mentioned herein. It further indicates that Parent has had this material explained and that all questions have been satisfactorily answered.

Signature of Father/Guardian

Print Name

Date

Signature of Mother/Guardian

Print Name

Date

ACCEPTANCE OF THIS AGREEMENT BY Fountain Valley Montessori:

Signature of Director

Print Name

Date

Tuition Agreement

Toddler and Preschool Fees, Tuition, and Payment Schedule

Student Name: _____

DOB: _____

Toddler Program		3 half days (9:00am - 12:00pm)	5 half days (9:00am - 12:00pm)	3 full days (9:00am - 3:00pm)	5 full days (9:00am - 3:00pm)	
Type of Payment	Due Date	Amount	Amount	Amount	Amount	Initial
New Student Registration Non-refundable	Upon Registration	\$200	\$200	\$200	\$200	
Continuing Student Registration Fee Non-refundable	Upon Registration	\$100	\$100	\$100	\$100	
Tuition Deposit Non-refundable	Upon Registration	\$400	\$400	\$400	\$400	
Extended Daycare Program (select one if applicable)						
AM Care (7:00am - 8:45am)	N/A	\$120	\$120	\$120	\$120	
PM Care (3:00pm - 6:00pm)	N/A	N/A	N/A	\$170	\$170	
AM and PM Care	N/A	N/A	N/A	\$250	\$250	
Payment Option						
Ten Payment Installment Plan	Billed Monthly	\$1150	\$1250	\$1250	\$1350	

Preschool Program		3 half days (9:00am - 12:00pm)	5 half days (9:00am - 12:00pm)	3 full days (9:00am - 3:00pm)	5 full days (9:00am - 3:00pm)	
Type of Payment	Due Date	Amount	Amount	Amount	Amount	Initial
New Student Registration Non-refundable	Upon Registration	\$200	\$200	\$200	\$200	
Continuing Student Registration Fee Non-refundable	Upon Registration	\$100	\$100	\$100	\$100	
Tuition Deposit Non-refundable	Upon Registration	\$400	\$400	\$400	\$400	
Extended Daycare Program (select one if applicable)						
AM Care (7:00am - 8:45am)	N/A	\$120	\$120	\$120	\$120	
PM Care (3:00pm - 6:00pm)	N/A	N/A	N/A	\$170	\$170	
AM and PM Care	N/A	N/A	N/A	\$250	\$250	
Ten Payment Installment Plan	Billed Monthly	\$1030	\$1130	\$1130	\$1230	
<u>DIAPERING FEE</u> For children NOT potty trained.	Billed Monthly	\$150	\$150	\$150	\$150	

Tuition Agreement

Elementary Fees, Tuition, and Payment Schedule

Student Name: _____

DOB: _____

Elementary Program		5 full days (8:45am – 2:45pm)	
Type of Payment	Due Date	Amount	Initial
New Student Registration Fee Non-Refundable	Upon Registration	\$200	
Continuing Student Registration Fee Non-Refundable	Upon Registration	\$100	
Tuition Deposit Non-Refundable	Upon Registration	\$400	
Elementary Material Fee Non-Refundable	8/15/2025	\$250	
Extended Daycare Program (select one if applicable)			
AM Care (7:00am - 8:45am)	N/A	\$120	
PM Care (3:00pm - 6:00pm)	N/A	\$170	
AM and PM Care	N/A	\$270	
Annual Tuition Payment ~ three payment options (select one)			
One Payment Plan	8/15/2025	\$11,500	
Two Payment Plan	8/15/25 & 1/15/26	\$5,750	
Ten Payment Installment Plan	Billed Monthly	\$1200	

For Office Use Only			
Type of Payment	Due Date	Amount	Initial
New Student Registration Fee Non-Refundable	Upon Registration	\$200	
Continuing Student Registration Fee Non-Refundable	Upon Registration	\$100	
Tuition Deposit Non-Refundable	Upon Registration	\$400	
Elementary Material Fee Non-Refundable	8/15/2025	\$250	
Extended Daycare Program (select one if applicable)			
AM Care (7:00am - 8:45am)	N/A	\$120	
PM Care (3:00pm - 6:00pm)	N/A	\$170	
AM and PM Care	N/A	\$250	
Other:			



IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
PARENT / MOM AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST		CELL PHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PARENT / DAD AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST		CELL PHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PERSON RESPONSIBLE FOR CHILD	LAST	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY
(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN
AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/
FAMILY CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION	LAST DATE OF ENROLLMENT
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PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)
Fountain Valley Montessori Center
(NAME OF CHILD CARE CENTER/SCHOOL). This Child Care Center/School provides a program which extends from 7 : 0
a.m./p.m. to 6:00 a.m./p.m., 5 days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____
Vision: _____ Insect stings: _____
Developmental: _____ Food: _____
Language/Speech: _____ Asthma: _____
Dental: _____
Other (Include behavioral concerns): _____
Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

- ☐ Risk factors not present; TB skin test not required.
☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
___ Communicable TB disease not present.

Office Stamp here

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
 - * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
 - * Live in out-of-home placements.
 - * Have, or are suspected to have, HIV infection.
 - * Live with an adult with HIV seropositivity.
 - * Live with an adult who has been incarcerated in the last five years.
 - * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
 - * Have abnormalities on chest X-ray suggestive of TB.
 - * Have clinical evidence of TB.
-

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY *(*For infants and preschool-age children only)*

WALKED AT* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping Cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*	
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*	
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST		
	LUNCH		
	DINNER		
WHAT ARE USUAL EATING HOURS?	BREAKFAST		
	LUNCH		
	DINNER		
ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS,
SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE

DATE



CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

FOUNTAIN VALLEY MONTESSORI CENTER TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
CHILD'S NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

INFORMATION FROM THE HEALTH OFFICE

Students will be sent home for any of the following reasons:

- Biting
- Fever
- Vomiting and/or Dysentery
- Persistent cough
- Persistent runny nose
- Any nasal discharge other than clear
- Suspect of any communicable disease
- Any wound or sore not properly covered that is oozing or draining

Fever Policy:

A student with a fever, or who is sent home from school due to having a fever, must be fever free for 24 hours before returning to school.

Prescribed Antibiotics

If antibiotics are prescribed for a student, they must be on the antibiotic for 24 hours before returning to school.



EFFECTS OF LEAD EXPOSURE

Children 1-6 years old are the most at risk for lead poisoning.

- Lead poisoning can harm a child's nervous system and brain when they are still forming, causing learning and behavior problems that may last a lifetime.
- Lead can lead to a low blood count (anemia).
- Even small amounts of lead in the body can make it hard for children to learn, pay attention, and succeed in school.
- Higher amounts of lead exposure can damage the nervous system, kidneys, and other major organs. Very high exposure can lead to seizures or death.

- **Filter your water**
Consider using a water filter certified to remove lead.

WARNING! Some water crocks have lead. Do not give a child water from a water crock unless you know the crock does not have lead.



(*Water saving tip: Collect your running water and use it to water plants not intended for eating.)

- For information on testing your water for lead, visit the Environmental Protection Agency at their [website](http://www.epa.gov) or call (800) 426-4791. You can also visit the California Department of Public Health's website at www.cdph.ca.gov.



LEAD POISONING FACTS

- Buildup of lead in the body is referred to as lead poisoning.
- Lead is a naturally occurring metal that has been used in many products and is harmful to the human body.
- There is no known safe level of lead in the body.
- Small amounts of lead in the body can cause lifelong learning and behavior problems.
- Lead poisoning is one of the most common environmental illnesses in California children.
- The United States has taken many steps to remove sources of lead, but lead is still around us.

IN THE US:

- Lead in house paint was severely reduced in 1978.
- Lead solder in food cans was banned in the 1980s.
- Lead in gasoline was removed in the early 1990s.



LEAD IN TAP WATER

The only way to know if tap water has lead is to have it tested.



Tap water is more likely to have lead if:

- Plumbing materials, including fixtures, solder (used for joining metals), or service lines have lead in them.
- Water does not come from a public water system (e.g., a private well).

To reduce any potential exposure to lead in tap water:

- **Flush the pipes in your home**
Let water run at least 30 seconds before using it for cooking, drinking, or baby formula (if used). If water has not been used for 6 hours or longer, let water run until it feels cold (1 to 5 minutes).*
- **Use only cold tap water for cooking, drinking, or baby formula (if used)**
If water needs to be heated, use cold water and heat on stove or in microwave.
- **Care for your plumbing**
Lead solder should not be used for plumbing work. Periodically remove faucet strainers and run water for 3-5 minutes.*

stomachache, crankiness, headaches, or loss of appetite.



A blood lead test is free if you have Medi-Cal or if you are in the Child Health and Disability Prevention Program (CHDP). Children on Medi-Cal, CHDP, Head Start, WIC, or at risk for lead poisoning, should be tested at age 1 and 2. Health insurance plans also will pay for this test. Ask your child's doctor about blood lead testing.

For more information, go to the California Childhood Lead Poisoning Prevention Branch's [website](http://www.cdph.ca.gov), or call them at (510) 620-5600.

The information and images found on this publication are adapted from the California Department of Public Health Childhood Lead Poisoning Prevention Program.

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POTENTIAL SOURCES OF LEAD

- Old paint, especially if it is chipped or peeling or if the home has been recently repaired or remodeled
- House dust
- Soil
- Some imported dishes, pots and water crocks. Some older dishware, especially if it is cracked, chipped, or worn
- Work clothes and shoes worn if working with lead
- Some food, candies and spices from other countries
- Some jewelry, toys, and other consumer products
- Some traditional home remedies and traditional make-up
- Lead fishing weights and lead bullets
- Water, especially if plumbing materials contain lead

SYMPTOMS OF LEAD EXPOSURE



Most children who have lead poisoning do not look or act sick. Symptoms, if any, may be confused with common childhood complaints such as

CHILD ABUSE PREVENTION

Attached is a verbatim reprint of a state brochure which we are required by law to provide you. Please read it carefully, then sign and return this receipt.

Child Abuse Prevention Receipt:

This will acknowledge that I / we, the parent(s) / guardians(s) of (Child's Name)
_____ have received a copy of "Facing the Facts: A Parent's Guide to the Understanding of Child of Sexual Abuse" from the licensee or authorized representative of Fountain Valley Montessori.

Parent Signature

Date

FACING THE FACTS: A PARENTS GUIDE TO THE UNDERSTAND OF CHILD SEXUAL ABUSE

Sometimes parent have to face issues they would rather avoid.

What is Sexual Abuse?

The sexual abuse of a child occurs whenever any person forces, tricks, or threatens a child in order to have sexual contact with him or her. This contact can include "non touching" behaviors such as an adult exposing himself of asking a child to look at pornographic material. It includes behaviors ranging the sexual handling of a child (fondling), to actual genital contact, to intercourse, to violent rape.

In all instances of child sexual abuse, the child is being used as an object to satisfy the adult's sexual needs or desires.

"Candy is my best friend. I play at her house a lot. Today her daddy asked us to look at some pictures. They were nasty pictures of people with no clothes on. He said, "Doesn't that look like fun?" I didn't think so, but I said, "Yes."

Who Get Sexually Abused?

Any child of any age is a potential victim of sexual abuse. Some important facts to keep in mind...

- Although the majority of adult do not sexually assault children, not sexual abuse occurs with an adult the child knows and trusts.
- Most sexual abused goes unreported and undetected.
- Children often keep sexual abuse a secret.

When Mommy goes to work, I stay at Mrs. Jenkins house. I wish I didn't have to. Mommy says Mrs. Jenkins is a real nice lady, but Mrs. Jenkins' so Ralph, sometimes makes me do bad things. Yesterday he makes me take of my understand and he put his finger in my privates he said, "You'd better not tell."

Children may keep sexual assault a secret for many reasons. They may fear rejection, blame, punishment, or abandonment; they may think people won't believe them. Boys are less likely to report an abuse than girls.

The closer the relationship of the offender to the child, the less likely it is that the child will report the incident.

How You Can Determine If Sexual Abuse Has Taken Place.

First and foremost, if your children confide that they have been sexually assaulted, believe them. Children very seldom lie about such a serious matter. Also be aware that most sexual abuse does not result in the child being violently attacked or hurt physically. Often there is no physical evidence a child has been molested. Fondling, involvement in a child pornography and oral sex usually presents no physical sign of abuse. But, if a child has been physically harmed as a result of sexual abuse, the following may be signs of this occurrence:

- A discharge from the vaginal area or penis.

Injury to the genital or anus.

- Discomfort in walking or sitting.
- The discovery of a sexually transmitted disease.

Children, especially very young children, are often unable to verbalize that they have been molested. The following are some indicators that sexual assault may have taken place:

- Nightmares and sleep disturbances.
- Bedwetting.
- Fear of certain place or certain people (such as a day care center or friend.)
- Clinging to a parent more than usual.
- Behaving as a younger child (such as an older child sucking his or her thumb.)
- Unexplained changes in behavior at school, daycare, or in relations with peers.
- Withdrawal.
- Acting out the abuse with dolls, friends, or through drawings.
- Excessive masturbation.

Keep in mind that although these are the most common signs of sexual abuse, there may be other causes for these changes. However, sexual abuse should not be ruled out as a possibility.

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://ccld.ca.gov/contact.htm>.

FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

1. Enter and inspect the family child care home 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 family child care home, 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 family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name:	Community Care Licensing Division Child Care Licensing Program
Licensing Office Address:	744 P Street Sacramento, CA 95814
Licensing Office Telephone #:	(916) 654.1541
8. Be informed by the licensee, upon request, of the name and type of association to the family child care home 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.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME 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 995A (8/08)

(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 "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee. _____
Fountain Valley Montessori
Name of Family Child Care Home

Signature (Parent/Authorized Representative) _____ Date _____

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

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

PERSONAL RIGHTS**Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME Community Care Licensing Division Child Licensing Program		
ADDRESS 744 P Street		
CITY Sacramento, California	ZIP CODE 95814	AREA CODE/TELEPHONE NUMBER (916) 654.1541

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY) Fountain Valley Montessori Center	(PRINT THE ADDRESS OF THE FACILITY) 18410 Brookhurst St., Fountain Valley, CA 92708
---	--

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

FVM Policy and Precautions

With the flu season in full force, we are requesting complete cooperation from each family to abide by our “Illness Policy”. Unfortunately, many students are being sent to school sick or are being sent back before they are completely symptom free. We understand that many of our families are working parents; however, we are obligated to maintain the best health environment for our students and staff. When children are sent to school sick, this spreads communicably throughout the classrooms. Not only does this affect our children and staff, but their family members are being exposed as well. This is especially dangerous for those who may have chronic illnesses or compromised immune systems.

Influenza, also known as the flu, is a contagious disease that is caused by the Influenza virus. It attacks the respiratory tract in humans (nose, throat, and lungs). The flu is different from a cold. Influenza usually comes on suddenly. These symptoms are usually referred to as “flu-like symptoms”. Most people who get Influenza will recover in one to two weeks.

How the Influenza Virus is Passed Around: The flu is spread, or transmitted, when a person who has the flu coughs, sneezes, or speaks and sends flu viruses into the air, and other people inhale the virus. The virus enters the nose, throat, or lungs of a person and begins to multiply, causing symptoms of Influenza. Influenza may, less often, be spread when a person touches a surface that has the flu virus on it – a door handle, for instance – and then touches his or her nose. The flu is contagious, a person can spread the flu starting one day before he or she feels sick. Adults can continue to pass the flu virus to others for another three to seven days after symptoms start. Children can pass the virus for longer than seven days. Symptoms start one to four days after the virus enters the body. Some persons can be infected with the flu virus but have no symptoms. During this time, those persons can still spread the virus to others.

Fountain Valley Montessori Illness Policy (listed in our Parent Handbook): An ill child will not be allowed to enter the classroom. If a child becomes ill at school, the parent will be contacted to arrange for the child’s care. The child must be picked up by the parent or authorized person within **30 minutes** of notification. If you are unable to meet the 30-minute requirement, we will then call an authorized person on the Emergency List. Any child that has been sent home with a fever, diarrhea, persistent cough and/or discolored nasal drainage will **not be allowed** to return to school until the child is **symptom free** for a **complete 24 hours**. For example, if your child is sent home Monday at 3:00pm, and the fever breaks that evening at 10:00pm, he/she may not return to school until Wednesday. Also, any child that has contracted an infectious or communicable disease will be required to submit a doctor’s release in order to return to school.

Please know, we are actively encouraging all children and staff to practice preventative measures with this flu season. We encourage all children to wash their hands frequently, grace & courtesy with coughing and sneezing, and to wear warm clothing when outdoors. We ask that you take these measures at home as well. Please notify us if your child becomes ill and will be absent from school.

Illness Policy Notice

Child’s Name _____

My signature below indicates that I have read the terms of this policy, and I agree to cooperate with the “Illness Policy” set forth by Fountain Valley Montessori.

Parent Name

Parent Signature

Date

ECONO KIT - DISASTER PREPAREDNESS

Fountain Valley Montessori has a disaster plan to maintain the safety and care of the students and staff. Everyone on our staff holds current first aid and CPR certification. Our disaster plan outlines roles, responsibilities and procedures for students and staff that include monthly fire and earthquake drills.

In the event of a disaster, it is our policy to be prepared to house and care for enrolled children for a period of up to three days. Fountain Valley Montessori requires all enrolled students to purchase an Econo Life Pak Kit. The cost is **\$25.00**, and it includes the following items: 2400 calories of emergency food for three days, nine packets of emergency water, one solar blanket, one chemical twelve-hour light stick, and a personal first aid kit. The food and water in these kits have a five-year shelf life. Each kit will be marked with your child's name and expiration date and kept at the school during the time of your child's enrollment. If for any reason your child leaves our facility, you are welcome to take the Econo-Kit with you.

Also, please supply us with a current photo of your child. We will be attaching your child's photo to their emergency form. This is for identification purposes, if there is an emergency, we want the proper authorities to know what your child looks like. The emergency contact information is kept in the office in a white binder labeled Emergency Information.



Emergency Econo-Kit

Child's Name

Amount

SUNSCREEN AUTHORIZATION FORM

Dear Parents,

If you would like, we will apply sunscreen on your child before recess. Please fill out this form and bring it to the front office as well as a bottle of sunscreen, with your child's name on it. Thank you!

Child's Name: _____

Teacher: _____

I would like sunscreen applied to...

_____ ALL exposed areas

_____ Face & Neck only

_____ Arms & Legs only

_____ Other: _____

Parent Signature

Date

PHOTO RELEASE FORM

Fountain Valley Montessori ("FVM") requests your permission to use any printed, audio, visual, or electronic means activities in which your child has participated in his/her education program with FVM. Your authorization will enable us to use specially prepared materials relating to FVM, including but not limited to yearbook, marketing brochures, newsletters, magazines and website usage, and to use the photographs on display boards, and to use such images in electronic versions, without notifying you. These include any materials that are authored by you or others. Please read carefully and sign in the section you choose. You may choose from the following sections : 'PERMISSION GRANTED' or 'PERMISSION DENIED'

PERMISSION GRANTED

I, as the parent or legal guardian of the child name above, fully authorize and grant permission to Fountain Valley Montessori and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named student on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.

I hereby waive any right to inspect or approve the Recordings that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree that Fountain Valley Montessori and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.

I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Parent Name

Parent Signature

Date

PERMISSION DENIED:

I deny this request for the child named above. If choosing 'DENIED', please check the following boxes you are denying on a more specific basis. Please mark 'YES' or 'NO' in the spaces provided, as well as sign and date. We will note this in all classrooms to ensure your child's privacy. We will also keep a copy of this form in your child's file.

My child has/does not have the following photography permission in the cases listed below:

Photo Permission regarding:	YES	NO
Photos in emails to child's parents only		
Photos in emails to all parents of this classroom		
Social media (Instagram, website, Facebook)		
Yearbook		

Parent Name

Parent Signature

Date

**FOLLOW US ON
SOCIAL MEDIA**



FVMONTESSORI



FOUNTAIN VALLEY MONTESSORI



FVMONTESSORI

DIRECTORY & ON-SITE FIELD TRIPS

As your child makes friends at FVM, you may wish to contact other parents occasionally. The school directory is a great tool for families to get in touch with one another. If you would like to give FVM permission to give other families your contact information, please fill out this form with the information you wish to share.

Parent's Name: _____

Mailing Address: _____

Cell Phone: _____ Email Address: _____

Parent's Name: _____

Mailing Address: _____

Cell Phone: _____ Email Address: _____

Field Trips: My child, _____ has my permission to attend on-site and school sponsored field trips/activities.

Parent Signature

Date

Child's Name: _____ RM #: _____

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) Fountain Valley Montessori Center to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card) * There is a 2.9% monthly charge fee when using a credit card or debit card.

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #		
Address	City	State	Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Authorized Signature	Date		

Your Name: Any Street, Anytown Tel: (001) 555-0000 DATE: _____ 0001

PAY TO THE ORDER OF **ATTACH VOIDED CHECK HERE** \$

DEPOSIT SLIPS NOT ACCEPTED 100 DOLLARS Security features included. Details on back.

Savings Bank Any Street, Anytown Tel: (001) 555-5555

RE: _____ MP

123456789 000123456789 0001

ROUTING
NUMBER

ACCOUNT
NUMBER

CHECK
NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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SIGNATURE SHEET

Child's Name: _____ Starting Date: _____

I have received, read, and understand the following forms and will comply with the policies set forth by...

Fountain Valley Montessori Forms

Forms Received:

- New Student Registration & Information
- Admission & Tuition Agreement
- Physician's Report and Immunization History
- Identification and Emergency Information
- Child's Health and History Information
- Child's Preadmissions Health History
- Consent for Emergency Medical Treatment
- Information from the Health Office
- Child Abuse Information
- Parent Rights
- Personal Rights
- Policy and Precautions
- Emergency Econo-Kit
- Sunscreen Authorization Form
- Photo Release Form
- Directory & Field Trip Permission
- Tuition Express
- Signature Sheet

Forms on Website:

- School Calendar
- Parent Handbook

Parent Signature

Date