

2023 - 2024

Application for Admission

23377 Golden Springs Drive,
Diamond Bar, CA 91765
TEL: 909-860-4001



LiMai
Montessori Academy



PLEASE COMPLETE

We are applying for admission to
the following program:

Child's name: _____ Birth date: ____/____/____
Female [] Male [] Start date: ____/____/____

Account holder parent's name: _____

Relationship to child: _____ Phone: _____

Occupation: _____ E-mail: _____

Preschool Programs

- ☐ 2 Extended Days
- ☐ 3 Extended Days
- ☐ 5 Extended Days
- ☐ 2 Full Days
- ☐ 3 Full Days
- ☐ 5 Full Days
- ☐ 2 Half Days
- ☐ 3 Half Days
- ☐ 5 Half Days

Parent's name: _____

Relationship to child: _____ Phone: _____

Occupation: _____ E-mail: _____

Home address: _____

Transitional Kindergarten to 1st

- ☐ 5 Extended Days
- ☐ 5 Full Days

☐ Lunch Program

Other children in the family (and ages):

Name: _____ Age: _____

Name: _____ Age: _____

We are interested in starting: ____/____/____ or as soon as possible []

2023 – 2024 ACADEMIC PROGRAMS (September 2023 to August 2024)

Preschool Programs

Full Extended Day:

7:30 am – 6:00 pm ☐ 5 Days \$1,130/mo. ☐ 3 Days \$1,050/mo. ☐ 2 Days \$970/mo.

Full Day:

9:00 am – 3:00 pm ☐ 5 Days \$1,025/mo. ☐ 3 Days \$950/mo. ☐ 2 Days \$875/mo.

Half Day:

9:00 am – 12:00 pm ☐ 5 Days \$965/mo. ☐ 3 Days \$905/mo. ☐ 2 Days \$835/mo.

Kindergarten & 1st Grade Programs

Full Extended Day:

7:30 am – 6:00 pm ☐ 5 Days \$1,180/mo.

Full Day:

9:00 am – 3:00 pm ☐ 5 Days \$1,075/mo.

***Please note: Hours are subject to change. The school reserves the right to adjust the tuition periodically.**

Important School Policies:

1. Refund of Tuition

- a. There will be no refund for tuition or any other fees or charges prepaid unless expressly provided in this Application for Admission or the Terms of Enrollment
- b. If your child no longer attends our school and you have prepaid the tuition for the entire school year, you will be eligible for a refund of the prorated tuition for the remaining months of the school year. Such prorated tuition will be calculated as follows: take the number of months remaining for the 12-month school year, dividing that by 12, and then multiplying by the annual tuition prepaid.
- c. You understand and acknowledge that if the school has to close its campus because of events outside of its reasonable control, including without limitation, government orders, riots, strikes, or natural disasters, the school will not refund any tuition prepaid for the month when the campus closure becomes effective unless such closure takes place on the first day of the month. In addition, for the prepaid annual tuition, the refund will be calculated on a pro-rated basis, taking the number of months remaining for the 12-month school year, dividing that by 12, and then multiplying this number by the annual tuition prepaid.
- d. There will be no refunds or credits for the days your student is absent from the school.

2. Tuition Discount

- a. Sibling Discount. To ease the strain of meeting tuition payments for large families, the school has implemented the following financial aid policy. The tuition discounts indicated below only apply to tuition payments and do not affect other fees or charges.
 - 2 enrolled children within the same household: first child – full tuition, second child – 10% off
 - 3 or more enrolled children within the same household: first child – full tuition, second child – 10% off, third or

any child thereafter – 15%

*Sibling discount will be applied to the older sibling or whoever pays less amount of tuition.

- b. **Full Payment Discount.** A 5% discount will be applied if the twelve-month tuition is paid upfront when the family signs up for enrollment.
- c. **Military Appreciation Discount.** A 10% discount will be applied to the tuition of active-duty military personnel, veterans, or law enforcement personnel's child.
- d. You may choose to use only one of the three above-mentioned discounts. Those three discounts cannot be combined.

3. **Fees and Charges**

- a. **Registration Fee.** An annual registration fee of \$120 is due at the beginning of each school year for each child. This fee covers the registration process and therefore is NON-REFUNDABLE.
- b. **Material Fee.** A non-Refundable annual material fee of \$180 per child is due by the 1st day of school whether enrolled on-site or virtual.
- c. **Security Deposit/Withdrawal:** A \$200 security deposit is due at the time of enrolling. If a parent or guardian has provided a thirty-day advance notice of withdrawal via email to our school Director, the security deposit will be applied toward the tuition for the month of attendance; or if you have prepaid the tuition for the last month of attendance, a \$200 refund check will be mailed to the parent or guardian's address on record within 60 days from your child's last date at our school. **The security deposit will be forfeited if no written notice is given, or the written notice is given but less than the prescribed thirty-day in advance, or your child is dismissed from the school for any reasons stated in this Enrollment Form.**
- d. **Miscellaneous Fees and Charges**
 - A \$30 Earthquake Kit Fee per child is due at the time your child begins school or such kit needs to be provided by the parent or guardian.
 - A \$50 Service Fee will apply if a check is returned by the bank.
 - A \$50 late fee will apply if the monthly tuition payment is received after the fifth day of each calendar month.
 - A Late Pick-Up Fee (\$20 for the first 10 minutes and \$5 every minute thereafter) will apply if the student is picked up after the end time for the program in which she or he is enrolled.
 - Failure to sign in or sign out your child will result in a fee of \$10 per child per time. Please understand that the licensing requirement mandates the school to pay a \$500 fine if the parent or guardian fails to sign the child in or out.

- 4. **Request to Switch Programs.** Any requests to switch between Programs must be submitted in writing via email to the school Director. If granted, such change will be effective from the next calendar month following the date of the written request. We will try our best to accommodate your request, however, a spot in the program you desire to switch your child(ren) to cannot be guaranteed as the availability will depend on the program capacity and the actual enrollment at the time of your request. For your child(ren) to start in the new program from the next calendar month following the

date of the written request, a parent or guardian must submit the request to switch at least five days prior to the first date of such calendar month so that the school will have sufficient time to process, and coordinate between the programs. A request submitted outside the prescribed time frame will be considered on a case- by-case basis.

Example 1: If a parent wishes to switch from Half Day to Full Day and a written request was submitted on January 5th, if granted, such change will be effective on Feb 1, from January 5th through Jan 31st, the student will remain in the Half Day program and pay the Half Day tuition fee.

Example 2: If a parent wishes to switch programs and start in the new program from November 1, a written request to switch must be submitted five days prior to November 1.

5. **School Director:** Christine Quintero **Email:** christine@limaimontessori.com
6. **Acknowledgment by Parent or Guardian:** As the parent or guardian of the student, I acknowledge that I understand that tuition payments cannot be waived due to the child(ren)'s illness. I understand that subject to the provisions in this Application for Admission Form and the Terms of Enrollment, once I accept an enrollment, registration fees (\$120), material fee (\$180), security deposit (\$200), and emergency kit (\$30) paid are non-refundable and non-transferable unless otherwise expressly provided herein. **I understand that a 30-day advance written notice is required should I choose to withdraw my child(ren).** I understand that tuition is due on the 5th day of each calendar month, or a late fee (\$50) will apply for any tuition paid after the 5th of the month. Please refer to the Parent Handbook for additional information.
7. **Review of School Surveillance Camera Footage.** Parent or Legal guardian has no right to review the school surveillance camera unless your child is physically injured at our school. Parent or guardian may only review our camera surveillance footage for the date of your child's physical injury at our school. Parent or guardian must make an appointment with our school Director in advance, to discuss the incident and review such footage, and the viewing shall be no more than 15 minutes unless approved by the director on a case by case basis.
- There shall be no recording of the Surveillance footage at any time unless with permission from the school director. This is to protect the right of privacy of other children in the school.
8. **If there is any conflict between this Application for Admission Form and the Parent Handbook, the terms in this Application for Admission shall prevail.**

Please sign below and return to us either in person, by email (diamondbar@limaimontessori.com)

Understood, Acknowledged, and Agreed:

Date

Signature of Parent or Guardian

Child's Name: _____ Birth Date: _____

Start Date: _____ Schedule: _____ Tuition: _____

TERMS OF ENROLLMENT

All Tuition payments are due and payable on the 1st day of each calendar month and are considered late if received after the 5th day of each calendar month. A child will not be accepted until the first month's tuition has been paid.

A late charge of \$50 MUST be included with a late tuition payment.....Initial: [_____]

There will be an automatic \$50 charge for any and all returned checks.....Initial: [_____]

I understand that if my child(ren)'s tuition is unpaid for 10 school days, without specific arrangements approved by the School Director, my child(ren) may NOT be accepted for attendance, and that student's space may be considered open for new enrollment, subject to school's discretion.....Initial: [_____]

When a student needs Extended Day Care and is NOT enrolled in the Extended Day Care Program, the charge for such temporary Extended Daycare is \$30.00 per hour or portion of an hour, or \$150/day for the Preschool programs, \$180/day for Kindergarten program or any part thereof, due at the time of use.....Initial: [_____]

Each time a payment of tuition or fees is made to our school, our payment processing vendor (Smartcare) will email a receipt to the account holder. Parents and/or guardians understand and agree that they have an obligation to save such receipts timely, and our school will not provide a summary of your payments except for our tax ID, if requested.....Initial: [_____]

Refunds or reductions in tuition rates CAN NOT be made for any reason except expressly set forth in this Enrollment Form.
.....Initial: [_____]

WITHDRAWAL PROCEDURES: WITHDRAWAL OF A STUDENT FROM ENROLLMENT AT SCHOOL MUST BE SUBMITTED IN WRITING AT LEAST THIRTY DAYS IN ADVANCEInitial:[_____]

SCHOOL CLOSURE DAYS: The school is closed on the following days: Labor Day, Veteran's Day, Thanksgiving and the Friday after, Christmas Winter Break, New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Juneteenth, and Independence Day, Spring Break, and Staff Development Days. For holidays that fall on a Saturday, the holiday will generally be observed the Friday before. For holidays that fall on a Sunday, the holiday will generally be observed the Monday after. There will be no tuition refund for the days mentioned in this paragraph.....Initial: [_____]

The parent/guardian is responsible for informing the school of changes in address, phone numbers, and of persons who are authorized to pick up the child from the school.....Initial: [_____]

Our school reserves the right to refer to God as a universal God, not defining any specific religion. We also reserved the right to expose children to any traditional religious holidays, including Christmas, Easter, Passover, and Hanukkah, in storytelling, plays, festivals, etc.....Initial: [_____]

All parents/guardians are required by law to sign your FULL name in and out as well as the time in and out each day. There will be an automatic \$10 charge per child each time there is a failure to sign in and out by a parent/guardian..... Initial: [_____]

NO PERSON UNDER THE AGE OF 18 WILL BE PERMITTED TO SIGN A CHILD IN OR OUT. If you are separated or divorced, we must have a court order to restrain the other parent from picking up the child..... Initial: [_____]

There is a space in your child's Health History form to list allergies. Please fill this out carefully, including sensitivities to food, smells, insect bites, or stings..... Initial: [_____]

Parents/Guardians must secure alternate care for sick children. Pursuant to the California Health Department’s policies, a child cannot be accepted in school if he/she shows signs of illness upon their arrival in the morning. We ask that you keep sick children at home if they have experienced any of the following symptoms within the past 24 hours:

- A fever over 99.8 F (37.66 C) orally
- Uncontrollable coughing
- Diarrhea, vomiting, or an upset stomach
- Unusual or unexpected loss of appetite, fatigue, irritability, or headache
- Any discharge or drainage from eyes, nose, ears, or open sores
- Undiagnosed rashes

Children with any of these symptoms will be returned home and can return when they are symptom free for 24 hours. We appreciate your cooperation with this policy.....Initial: [_____]

It is crucial that children arrive on time, as the beginning of the school day sets a tone for their education. Children are expected to be at the front door of the school promptly by 9:00 a.m. Parents/guardians must bring their children to school by 9:15 a.m. Each Family has the opportunity to notify the school in advance and bring their children to school later than 9:15 a.m. due to the family emergency twice a month. The school reserves the right to close its doors to the family who is late and does not give the notice in advance.....Initial: [_____]

PHOTOGRAPHS, VIDEOS, AND AUDIO TAPES: I understand and agree that I am allowed to photograph, videotape, or audio record my child on the school’s property, for school events **ONLY**, that I may use such recording for lawful and private home use only and will not publicly display or sell such recording.....Initial: [_____]

MEDICATION: I understand that it is not the school’s responsibility to administer any medication, regardless of prescription or over-the-counter medication. If medication must be administered during the day, the school can only administer medically prescribed medication. All medication I intend the school to administer will be in the original container with a label from the pharmacy that clearly states the expiration date and exact dosage and times to be given. I agree to fill out the Non-Prescription Medical Treatment Instruction, Consent, and Waiver form and give the medications and completed forms to the office. I understand that I must strictly follow all school policies related to the administration of medication in the school.
.....Initial: [_____]

TERMINATION: We reserve the right to refuse service to anyone. In the event that a child becomes a danger or a threat to the physical safety of himself, our staff, or other students, he/she may be dismissed from our program. In this case, prorated refunds of prepaid tuition, if applicable, will be given based on the child(ren)’s enrollment. If the parent/guardian fails to comply with any of our applicable school policies, or he/she acts disrespectfully when interacting with any of our staff, we reserve the right to terminate the services to you with a full refund of the security deposit and a prorated refund of prepaid tuition, if applicable. Our school has the absolute discretion to terminate whether your child poses a danger or a threat to himself, our staff or other students, and to determine whether parent/guardian fails to comply with any of our school policies, or whether parent/guardian acts disrespectfully when interacting with any of our staff.....Initial: [_____]

SUSPENSIONS: In the event that your child is suspended, there will be no refund of tuition for the day(s) your child was suspended.....Initial: [_____]

EMERGENCY CONTACTS: I understand that I am required to provide and maintain, at all times a minimum of two additional emergency contacts other than myself, including full names, home and work phone numbers, cellular phone numbers, addresses, driver’s license numbers, or state identification numbers, and relationship to my child(ren). I understand that in the event of an emergency for which I cannot be reached, and the emergency contacts cannot be reached, the school must contact the police or other local authorities for assistance.....Initial: [_____]

I understand that the Community Care Licensing Division has the authority to interview children or staff, to inspect and audit child or Child Care Center records, without my prior consent..... Initial: []

Licensing "Inspection Authority" per section #101210 (b) (c) Admission Agreements which references section #101195 (b) & (c) are quoted below:

The Department or licensing agency shall have the authority to interview children or staff; and to inspect and audit child or facility records without prior consent.

(1). The licensee shall make provisions for private interviews with any child(ren), or the staff member and for the examination of all records relating to the operation of the facility.

The Department or licensing agency shall have the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the child(ren)

PARENTS ARE FINANCIALLY RESPONSIBLE FOR DAMAGE TO THE SCHOOL FACILITY OR MATERIALS CAUSED BY THEIR CHILD(REN) Initial: []

PARENTS ARE FINANCIALLY RESPONSIBLE FOR THE TRANSACTION FEE CHARGED THROUGH THE THIRD PARTY APPLICATION SMARTCARE Initial: []

SCHOOL IS NOT RESPONSIBLE FOR CHILDCARE TO A STUDENT DURING SCHOOL HOLIDAYS & CLOSURE DAYS.....Initial: []

I have received, read, understood, and signed the LMA September 2023 – August 2024 Registration/Tuition Agreement for my child.....Initial: []

I have read, understood, acknowledged, and signed the LMA Parent Handbook.....Initial: []

I have read, understood, acknowledged, and signed the Release of Liability.....Initial: []

I have received a copy of the LMA Holiday and School Calendar.....Initial: []

I agree with all the Terms of Enrollment.....Initial: []

Print Child's Name: _____ Birthdate: _____

Print Parent's or Guardian's Name: _____ Phone: _____

Parent's or Guardian's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

To Be Complete by LiMai Office Manager

Fees:

Required	Paid
• Security Deposit [] \$200.00	___/___/___
• Material Fee [] \$180.00	___/___/___
• Registration [] \$120.00	___/___/___
• Emergency Kit [] \$ 30.00	___/___/___
Optional	
• Lunch [] \$150.00	___/___/___
• Toilet Training [] \$100.00	___/___/___

Classroom Assignment: [] Ladybug [] Bumblebee [] Butterfly [] Dragonfly

Administrative Signature: _____