2025 - 2026



Application for Admission

5309 Beach Blvd Buena Park, CA 90621 714-690-0112



PLEASE COMPLETE We are applying for admission to the following program:	Today's date: /	/	Start Date:	_//
Toddler Option (18-30 months old) 1 Full Days	Child's name: Gender: Female [] Mal		Birth date:	_//
□5 Full Days □5 Half Day	Parent's name:		Relationship to child	:
-	Phone:	E-mail:		
Pre-Primary (2 years-3 years old) 3 Full Days	Parent's name:		Relationship to child	:
☐4 Full Days ☐5 Full Days	Phone:	E-mail:		-
□5 Half Days	Address:		_	
Primary (3 years & Potty trained – 5 years old)				
☐3 Full Days ☐4 Full Days ☐5 Full Days	Other children in the famil	y (and ages):		
□5 Half Day	Name:		Age:	
Kindergarten ☐ 5 Full Days	Name:		Age:	
	Name:		Age:	
We are interested in starting:	/ or as soon as	possible []		

2025 – 2026 ACADEMIC PROGRAMS (September 2025 through August 2026)

oddier Option (Ages 18 months through 30 months)
Full Day (7:30 am–6:00 pm):5 Days \$1590/mo4 Days \$1530/mo.
Half Day (7:30 am-12:30 pm):5 Days \$1455/mo.
Pre-Primary (Ages 2 through 3 years)
Full Day (7:30 am -6:00 pm):
Half Day (7:30 am -12:30 pm): 5 Days \$1310/mo.
Primary (Ages 3 &Potty Trained through 6)
Full Day (7:30 am -6:00 pm) 5 Days \$1360/mo. 4 Days \$1290/mo. 3 Day \$1270/mo.
Half Day (7:30 am -12:30 pm)5 Days \$1225/mo.
*Must be fully potty trained for at least 30 days to qualify as potty trained.
Kindergarten
5 Full Day (7:30am -6pm) \$1360/mo

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 places 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%

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

^{*}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 annual 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 \$150 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 \$250 per child is due by 1st day of school whether enrolled on- site or virtual.
- c. Security Deposit/Withdrawal: A \$400 security deposit is due at the time of enrolling. If a parent or guardian has provided a thirty-day advance written notice of withdrawal via email to our school Director, the security deposit will be applied toward the tuition for the last month of attendance; or if you have prepaid the tuition for the last month of attendance, a \$400 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-days 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 by the school 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 his or her child in or out.
- 4. **Request to Switch Programs.** Any requests to switch between Full-Day Program and Part-Time Program 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 student wishes to switch from Part-Time 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 Part-Time program and pay the Part-Time tuition fee.

Example 2: if a student 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 Directors' Email Address:

Director: Tabitha Moraldo Email: <u>tabitha@limaimontessori.com</u>

- 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 (\$150), material fee (\$250), and security deposit (\$400) 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 guardian has no right to review the school surveillance camera footage unless your child is physically injured at our school. Parent or guardian may only review our surveillance camera 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 review such footage, and the viewing shall be no more than 15 minutes unless approved by the Director on a case-by-case basis.
- 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 it to us either in person, or by email (buenapark@limaimontessori.com)

Understood, Acknowledged, and Agreed:

 Date	Signature of Parent or Guardian

To Be Complete by LiMai Office Manager							
Fees:							
F	Required		Paid				
• 9	Security Deposi	t[] \$400.00	//	_			
• 1	Material Fee	[] \$250.00	//	_			
• F	Registration	[] \$200.00	//	_			
• E	Emergency Kit	[]\$ 30.00	//	_			
C	Optional						
•	Lunch	[] \$150.00	//	_			
Classroor	m Assignment:	[] Spouts [] Lemon []	Maple [] Palm		
		[] Willow []Pine [] B	Bamboo [] Kindergarten	1	

ild's Name:	B	irth Date:	
Start Date:	Schedule:	Tuition:	
	TER	MS OF ENROLLMENT	
after the 5 th day of each	calendar month. A child will no	ot be accepted until the first month	nsidered late if received by the school h's tuition has been paid. lnitial: []
There will be an automat	ic \$50 charge for any and all retu	rned checks	Initial: []
Director, my child(ren)	may NOT be accepted for att	endance, and that student's space	arrangements approved by the Schoo ce may be considered open for nev Initial: []
Extended Daycare is \$30	0.00 per hour or portion of an ho	our, or \$150/day for the Primary p	ogram, the charge for such temporary rogram, \$180/day for kindergarten Initial: []
Refunds or reductions in t	tuition rates CAN NOT be made fo	or any reason	Initial: []
			DL MUST BE SUBMITTED IN WRITING
after, Christmas Eve and and Independence Day, generally be observed or	Christmas Day, New Year's Day Spring and Winter Breaks, Staff n Friday before. For holidays tha	Development Day. For holidays that fall on a Sunday, the holiday will	Day, Thanksgiving, and the Friday nt's Day, Memorial Day, Juneteenth, nat fall on a Saturday, the holiday will I generally be observed on Monday
		nool of changes in address, phone	numbers, and of persons who are Initial: []
expose children to any to	raditional religious holidays, inc	sal God, not defining any specific re luding Christmas, Easter, Passover	
		JLL name in and out as well as the t ilure to sign in and out by a parent	time in and out each day. There will be t/guardianInitial: []
		name in and out as well as the time e to sign in and out by a parent/gu	in and out each day. There will be an ardian
	ou are separated or divorced, w		ain the other parent from picking up

Parents/Guardians must secure alternate care for sick children. Pursuant to the cannot be accepted in school if he/she shows signs of illness upon their arrival at home if they have experienced any of the following symptoms within the pass	in the morning. We ask that you keep sick children
a fever over 99.8 F (37.66 C) orally • uncontrollable coughing • diarrhea, volloss of appetite, fatigue, irritability, or headache • any discharge or drainage rashes. Children with any of these symptoms will be returned home.	miting, or an upset stomach • unusual or unexpected e from eyes, nose, ears, or open sores • undiagnosed We appreciate your cooperation with this policy
It is crucial that children arrive on time, as the beginning of the school day se to be at the front door of the school promptly by 9:00 a.m. Parents/guardia Each Family has the opportunity to notify the school in advance and bring the family emergency twice a month. The school reserves the right to close in the notice in advance. In order to maintain the consistency and structure of able to receive children after 11:30 AM. This policy supports the smooth transcript a calm and predictable environment for all children.	their children to school by 9:15 a.m . their children to school later than 9:15 a.m . due to lits doors to the family who is late and does not give if our daily routine, under no circumstances are we ansition into our lunch and nap schedule and helps
PHOTOGRAPHS, VIDEOS, AND AUDIO TAPES: I understand and agree that in videotape, or audio record my child on the school's property, for school ever and private home use only and will not publicly display or sell such recordin	nts ONLY, that I may use such recording for lawful
MEDICATION: I understand that it is not the school's responsibility to admin over—the—counter medication. If medication must be administered during the prescribed medication. All medication I intend the school to administer will pharmacy that clearly states the expiration 01date and exact dosage and time Prescription Medical Treatment Instruction, Consent, and Waiver form and good School Director. I understand that I must strictly follow all school policies reschool.	he day, the school can only administer medically be in the original container with a label from the nes to be given. I agree to fill out the Non- give the medications and completed forms to the
	Initial: []
TERMINATION: We reserve the right to refuse service to anyone. In the exphysical safety of himself, our staff or other students, he/she might be dism of prepaid tuition, if applicable, will be given based on the child(ren)'s attended of our applicable school policies, or he or she acts disrespectfully when interminate the services to you with a full refund of the security deposit and a school has the absolute discretion to determine whether your child pose students, and to determine whether parent or guardian fails to comply we guardian acts disrespectfully when interacting with any of our staff	issed from our program. In this case, prorated refunds indance. If parent or guardian fails to comply with any eracting with any of our staff, we reserve the right to a prorated refund of prepaid tuition, if applicable. Our is a danger or a threat to himself, our staff or other with any of our school policies, or whether parent or
	Initial: []
EMERGENCY CONTACTS: I understand that I am required to provide and material emergency contacts other than myself, including full names, home and work driver's license numbers, or state identification numbers, and relationship to emergency for which I cannot be reached, and the emergency contacts can or other local authorities for assistance	phone numbers, cellular phone numbers, addresses, o my child(ren). I understand that in the event of an not be reached, the school must contact the police

I understand that the Community Care Licensing Division has the autor Child Care Center records, without my prior consent	
Licensing "Inspection Authority" per section #101210 (b) (c) section #101195 (b) & (c) are quoted below:) Admission Agreements which references
The Department or licensing agency shall have the authorit or facility records without prior consent.	ty to interview children or staff; and to inspect and audit child
(1). The licensee shall make provisions for private in the examination of all records relating to the	nterviews with any child(ren), or the staff member and for operation of the facility.
The Department or licensing agency shall have the authori including conditions that could indicate abuse, neglect, or in professional physically examine the child(ren)	ty to observe the physical condition of the child(ren),
PARENTS ARE FINANCIALLY RESPONSIBLE FOR DAMAGE TO THE SCH	
Each time when payment of tuition or fees is made to our school, or a receipt to the email you used to register. Parents and/or guardian save such receipts timely, and our school will not provide a summa	ns understand and agree that they have the obligation to ry of your payments except for our tax ID if requested.
SCHOOL IS NOT RESPONSIBLE FOR CHILDCARE TO A STUDENT DURING	SCHOOL HOLIDAYS & CLOSURE DAYSInitial: []
I have received, read, understood, and signed the LMA September 2 my child	
I have read, understood, acknowledged, and signed the LMA Parent H	andbookInitial: []
I have read, understood, acknowledged, and signed the Release of Lial	bility Initial: []
I have received a copy of the LMA Holiday and School Calendar	
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 Signature:	Date: