



PROCEDURE FOR ENROLLMENT FOR 2024/2025 SCHOOL YEAR

- Guided tour and exchange of information of prospective child and the program offered.
- Completion of application process on mybrightwheel.com with a copy of child's immunization record and \$400 Application Fee to be considered for enrollment.
- A child will only be considered for enrollment with an up-to-date immunization record.
- Meet the Director Zoom Meeting after application process is completed.
- Receive enrollment packet with mandatory state paperwork, only after Director Zoom meeting.
- All enrollment is on a first come first served basis.
- Open enrollment begins in March and it ends when spaces are filled which is usually end of April.
- Once enrollment is complete, then your child's space is guaranteed.
- The enrolled child will have an opportunity to visit the school previous to starting, with a Play Date and a Meet the Teacher, both of these events are done with the parents.
- Pre-Primary Prep (2-3 years of age) will have one week of orientation at the start of School for an hour and a half every day for a smooth transition.
- We follow the school district calendar for holidays, and will be closed for those days and all legal holidays. Additional closures will be 2 days for teacher conferences or will be listed in our yearly calendar which is published around April for the upcoming school year.
- Summer program usually is for 6-8 weeks and is offered on a weekly basis. Plan for a 10-day break at beginning of summer and end of summer.
- Summer hours are 8:30am – 4:30.

Thank you for visiting our School.

Montessori School of Laguna Beach. (MSLB)



Celebrating **50 years** in 2025
The Montessori School of Laguna Beach

“A GIFTED PROGRAM FOR EVERY CHILD”

FEE SCHEDULE 2024–2025

8:00 A.M. – 12:00 P.M. (HALF DAY)	PRE PRIMARY (PP)	PRE PRIMARY PREP (PPP)
5 Days	\$1,150	\$1,210
3 Days (MWF)	\$1,070	\$1,130
8:00 A.M. – 3:00 P.M. (FULL DAY)	PRE PRIMARY (PP)	PRE PRIMARY PREP (PPP)
5 Days	\$1,265	\$1,330
3 Days (MWF)	\$1,165	\$1,230
7:35 A.M. – 6:00 P.M. (EXTENDED DAYCARE)	PRE PRIMARY (PP)	PRE PRIMARY PREP (PPP)
5 Days	\$1,475	\$1,570
3 Days (MWF)	\$1,345	\$1,440

***APPLICATION FEE (NON REFUNDABLE)**

\$400.00 per Child and **\$300** per additional sibling (**10% discount** for siblings on tuition fees)

- Tuition is due before the First day of the month. A **\$7.00 Late Fee** will be charged for each day after the first calendar day of the month. *Please refer to Parent Handbook on our detailed Tuition Policy.*
- Re-enrollment fee is **\$300** per child, **\$275** per additional child.

Tuition is a **Yearly Fee** that covers the school year from **September - June**.

We have broken it down into **10 monthly payments**. Please note that tuition will not be adjusted for absences due to illness or vacations, and parents are responsible to pay tuition for the entire **School Year**.

MORNING DAYCARE 7:35 A.M. – 7:55 A.M.	ALL PROGRAMS
5 Days	+\$60
3 Days (MWF)	+\$40

OCCASIONAL DROP OFF FOR PP/PPP (Subject to space availability and has to be approved)

Occasional drop off for daycare is \$30/hour, depending on availability needs to be prearranged and approved by office.

REGULAR DAY DROP IN	PRE PRIMARY (PP)	PRE PRIMARY PREP (PPP)
Half Day	+\$100	+\$120
Full Day	+\$140	+\$160

MONTESSORI SCHOOL OF LAGUNA BEACH 2024-2025 SCHOOL CALENDAR



AUGUST					SEPTEMBER					
M	T	W	TH	F	M	T	W	TH	F	
			1	2	2	3	4	5	6	9/3 First Day of School
5	6	7	8	9	9	10	11	12	13	9/4 ALL School Back to School Event 6:00PM
12	13	14	15	16	16	17	18	19		8/23 Last Day of Summer School
19	20	21	22	23	23	24	25	26	27	8/28-8/29 New Student Meet the Teacher
26	27	28	29	30	30					8/30 Staff Meeting and Training
OCTOBER					NOVEMBER					
M	T	W	TH	F	M	T	W	TH	F	
	1	2	3	4					1	10/9 Picture Day
7	8	9	10	11	4	5	6	7	8	10/11 Parent Wine and Cheese Night
14	15	16	17	18	11	12	13	14	15	10/17 Great Shake Out and Earthquake Drill
21	22	23	24	25	18	19	20	21	22	10/25 Halloween Parade and Party
28	29	30	31		25	26	27	28	29	11/1, 11/4 Half Day - All School Conference
										11/6 Fire Drill
										11/11 School Closed Veterans Day
										11/22 Friendsgiving Celebration
										11/27,28,29 SCHOOL CLOSED
DECEMBER					JANUARY					
M	T	W	TH	F	M	T	W	TH	F	
										12/9 Christmas Presentation
2	3	4	5	6			1	2	3	12/13 Hannukah Presentation
9	10	11	12	13	6	7	8	9	10	12/18 Earthquake Drill
16	17	18	19	20	13	14	15	16	17	12/20 All School Holiday Performance + HALF DAY DISMISSAL
23	24	25	26	27	20	21	22	23	24	12/23-01/03 Holiday Break
30	31				27	28	29	30	31	1/6 Teacher in Service SCHOOL CLOSED
										1/7 School Resumes
										1/15 fire drill
										1/20 SCHOOL CLOSE MLK DAY
										21st - 31st PP Parent Classroom Observations
FEBRUARY					MARCH					
M	T	W	TH	F	M	T	W	TH	F	
										3/10 Open Enrollment begins
3	4	5	6	7	3	4	5	6	7	3/12 Spring Pictures
10	11	12	13	14	10	11	12	13	14	2/5 Parent Event Chai Chat 8.30-9.30
17	18	19	20	21	17	18	19	20	21	2/7 Lunar New Year presentation
24	25	26	27	28	24	25	26	27	28	2/11, 2/13 Share the Love Event
										3/14 & 3/17 All School Conference Half Day
										3/19 Fire Drill
										3/20 Nowruz Classroom Presentation
										3/24 Eid/Ramadan Classroom presentation
										2/14 Class Valentine's Party
										2/17 - 2/21 Mid-Winter Break
										2/26 Earthquake Drill, 2/24 -03/10 Reenrollment 2025/2026
APRIL					MAY					
M	T	W	TH	F	M	T	W	TH	F	
										4/1 - 4/21 Summer Enrollment Period
	1	2	3	4				1	2	4/7-4/11 SCHOOL CLOSED for Spring Break
7	8	9	10	11	5	6	7	8	9	4/14 Passover Classroom Presentation
14	15	16	17	18	12	13	14	15	16	4/18 Easter Presentation/Egg Hunt
21	22	23	24	25	19	20	21	22	23	4/22 Earth Day
28	29	30			26	27	28	29	30	4/23 Earthquake Drill
										4/21- 5/02 PP Observation
JUNE					JULY					
M	T	W	TH	F	M	T	W	TH	F	
										6/11 Parent Event
2	3	4	5	6		1	2	3	4	6/18 Half Day - Spring Concert Picnic/ Last Day of School
9	10	11	12	13	7	8	9	10	11	6/19 School Closed Juneteenth
16	17	18	19	20	14	15	16	17	18	6/20 - 6/27 School Closed Teachers Inservice
23	24	25	26	27	21	22	23	24	25	6/30 - 7/4 SCHOOL CLOSED
30					28	29	30	31		7/7 - 8/22 Summer School
AUGUST					SEPTEMBER					
M	T	W	TH	F	M	T	W	TH	F	
				1						8/22 Last Day Summer School
					2	3	4	5	6	8/25-8/29 Teachers Inservice
4	5	6	7	8	9	10	11	12	13	9/3 First Day of School
11	12	13	14	15	16	17	18	19	20	
18	19	20	21	22	23	24	25	26	27	
25	26	27	28	29	30					8/25 - 8/29 SCHOOL CLOSED Teacher Inservice

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)

_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ 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/DaP/ 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.

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



Parents must show their child's Immunization Record as proof of immunizations (shots) before starting pre-kindergarten (child care) and at each age checkpoint after entry:

Age at Entry/checkpoint	Required Doses
2-3 Months	1 Polio 1 DTaP 1 Hep B 1 Hib
4-5 Months	2 Polio 2 DTaP 2 Hep B 2 Hib
6-14 Months	2 Polio 3 DTaP 2 Hep B 2 Hib
15-17 Months	3 Polio 3 DTaP 2 Hep B 1 Hib* (on or after 1st birthday) 1 Varicella 1 MMR (on or after 1st birthday)
18 Months-5 Years	3 Polio 4 DTaP 3 Hep B 1 Hib* (on or after 1st birthday) 1 Varicella 1 MMR (on or after 1st birthday)

* One Hib dose must be given on or after the 1st birthday regardless of previous doses. Required only for children younger than 5 years old.

DTaP = [diphtheria toxoid](#), [tetanus toxoid](#), and acellular [pertussis](#) vaccine

Hep B = [hepatitis B](#) vaccine

Varicella = [chickenpox](#) vaccine

Hib = [Haemophilus influenzae, type B](#) vaccine

MMR = [measles](#), [mumps](#), and [rubella](#) vaccine

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.

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
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME					BIRTHDATE
					BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME					HOME TELEPHONE ()
					BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD					HOME TELEPHONE ()
LAST NAME					BUSINESS TELEPHONE ()
MIDDLE					
FIRST					

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 CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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SCHOOL DIRECTORY

(Please print clearly and completely)

Child's Name: _____

Date of birth: _____ Date of enrollment: _____

Address: _____

Parent 1 Name: _____

Parent 1 Email Address: _____

Parent 2 Name: _____

Parent 2 Cell Phone: _____

Parent 2 Email Address: _____

Who to contact first (circle): _____

Third Party Emergency Contact: _____

Third Party Emergency Phone: _____

Physician's Name: _____

Physician's Phone: _____ Fax: _____

Physician's Email: _____