



## **PROCEDURE FOR REENROLLMENT FOR 2024/2025 SCHOOL YEAR**

- Completion of the reenrollment application process on mybrightwheel.com with the \$300 per child fee (\$275 per additional).
- A child's reenrollment is guaranteed once paperwork and fees have been submitted, reenrollment is due by **March 11<sup>th</sup>, 2024**
- After Wednesday March 11<sup>th</sup> enrollment is on a first come first serve basis.
- 2024/25 School Year Deposits, which apply to **September tuition are due April 5<sup>th</sup>**. These are only 100% refundable if enrollment is cancelled by 4/19/2024 or 50% refundable if cancelled by 5/5/2024. **After 5/5/2024 your deposit is NOT refundable.**
- Reenrollment Packet (attached below) must be **completed by July 15<sup>th</sup> 2024**, along with the security deposit. We will need to have all the attached paperwork updated and uploaded to mybrightwheel.com to not delay your child's first of day school.
- **Security Deposit** (also applied as last month's Tuition, i.e. June) is equal to one month of tuition. This is refundable when given a 30 day notice of withdrawal, it will be applied as last month's tuition.
- Please review attached calendar, we follow the school district calendar for holidays, and will be closed for those days and all legal holidays. Additional closures for the upcoming school year are noted in the attached calendar.
- Please note new school hours:
  - Half Day Program 8:00AM- 12:00PM
  - Full Day Program 8:00AM – 3:00PM
  - Extended Day program 7:35 – 6:00PM
- **Summary of due dates:**
  - 3/11/2024 – Reenrollment Application/Agreement and Fees Due
  - 4/5/2024 – September Tuition Due
  - 7/15/2024 – Security Deposit (June Tuition) and Reenrollment Packet due: Physician Form/Emergency Identification Form and School Directory

Thank you,

**Montessori School of Laguna Beach (MSLB)**

# 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	
	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	5/5-5/9 Teacher Appreciation Week
14	15	16	17	18	12	13	14	15	16	4/14 Passover Classroom Presentation
21	22	23	24	25	19	20	21	22	23	4/18 Easter Presentation/Egg Hunt
28	29	30			26	27	28	29	30	4/22 Earth Day
										4/23 Earthquake Drill
										4/21- 5/02 PP Observation
										5/26 SCHOOL CLOSED - Memorial Day
JUNE					JULY					
M	T	W	TH	F	M	T	W	TH	F	
2	3	4	5	6		1	2	3	4	6/11 Parent Event
9	10	11	12	13	7	8	9	10	11	6/18 Half Day - Spring Concert Picnic/ Last Day of School
16	17	18	19	20	14	15	16	17	18	6/19 School Closed Juneteenth
23	24	25	26	27	21	22	23	24	25	6/20 - 6/27 School Closed Teachers Inservice
30					28	29	30	31		6/30 - 7/4 SCHOOL CLOSED
										7/7 - 8/22 Summer School
AUGUST					SEPTEMBER					
M	T	W	TH	F	M	T	W	TH	F	
				1	2	3	4	5	6	8/22 Last Day Summer School
4	5	6	7	8	9	10	11	12	13	8/25-8/29 Teachers Inservice
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
										9/3 First Day of School



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



**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
<b>2-3 Months</b>	<b>1 Polio</b> <b>1 DTaP</b> <b>1 Hep B</b> <b>1 Hib</b>
<b>4-5 Months</b>	<b>2 Polio</b> <b>2 DTaP</b> <b>2 Hep B</b> <b>2 Hib</b>
<b>6-14 Months</b>	<b>2 Polio</b> <b>3 DTaP</b> <b>2 Hep B</b> <b>2 Hib</b>
<b>15-17 Months</b>	<b>3 Polio</b> <b>3 DTaP</b> <b>2 Hep B</b> <b>1 Hib*</b> (on or after 1st birthday) <b>1 Varicella</b> <b>1 MMR</b> (on or after 1st birthday)
<b>18 Months-5 Years</b>	<b>3 Polio</b> <b>4 DTaP</b> <b>3 Hep B</b> <b>1 Hib*</b> (on or after 1st birthday) <b>1 Varicella</b> <b>1 MMR</b> (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

# 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

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**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.

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