

# *Community Helpers*



At

Mission Bay Montessori Academy

CHILDREN'S HOUSE

Ages 3-5

June 24 – August 16, 2019

2640 Soderblom Ave.  
San Diego, CA 92122  
858-457-5895

[www.mbmacademy.com](http://www.mbmacademy.com)  
[info@mbmacademy.com](mailto:info@mbmacademy.com)

# Community Helpers

## Our Montessori Program...

Is enriched with exercises in art, geography, music, small groups and water play. We work hard throughout the year, including summer, to provide consistency and creativity in keeping with the children's inquiring minds.

## Community...

What is a community and what makes it work? Learn about the different jobs and responsibilities people have that help others in the community.

## Learn & Discover...

The important ways in which Community Helpers make our lives better: From firefighters, police officers & paramedics, to dentists, doctors & nurses, as well as bus drivers, construction workers, mail carriers, teachers, farmers, and many more.

## New Beginnings

Summer is a great opportunity to acclimate to a new environment. We also look forward to meeting new friends.

## Splash Days

Every Friday (weather permitting) is splash day. Children will play in the sprinklers and wading pools. What fun!

## What you need to know:

**Arrivals/Departures** – Allow your child to arrive early enough to have time for social play prior to the bell being rung at 9:00 a.m. After 3:00 p.m. is a nice time to allow your child free play with the children from all rooms. Before 8:00 a.m. and after 4:00 p.m. there is an additional charge for daycare. Please sign out AS YOU ARE LEAVING each day. If your child is half-day or you plan to pick your child up half day, we ask that you pick them up between 12:00 noon and 12:30 p.m. each day. Please be prompt. Consider the playground closed after 12:30. We ask new parents to avoid prolonged good-byes as they tend to make your child more anxious about your leaving. Always allow and encourage your child to walk and carry their own lunchbox. Please do not carry your child into school. WE APPRECIATE YOUR CONSISTENT ROUTINES AND CONFIDENCE IN OUR STAFF, AND SO WILL YOUR CHILD.

**Sign In / Out Sheets** – Sign-in sheets are located in each classroom. Please sign in and out accurately every day. A full signature is required.

**Lunch Boxes** – WE ARE NUT FREE. Please label and keep the size to a minimum. Send a cloth placemat each day and place it folded on top so it is the first thing your child sees when they open their lunch box. We strongly encourage healthy, balanced meals. Pack food that is easily managed by your child and does not require heating. *Milk may be purchased for \$3 per week.* Please provide payment for all the

weeks your child will be attending. Cash or Check made out to MBMA (Please specify MILK in the memo portion of the check. Thanks)

As an alternative to a packed lunch, we offer ***Ki's lunches***. Create your account online at [www.kis.naturallunches.com](http://www.kis.naturallunches.com).

**Snacks** – The school provides a morning and afternoon snack that is cheese, fresh fruit, crackers, carrots, etc.

Special Snack – There will be a sign-up list for each classroom. Check with your class as to the amount needed. Please prepare your snack ready-to-serve. Please refrain from overly sweet snacks. ABSOLUTELY NO NUT PRODUCTS SHOULD BE BROUGHT FOR SPECIAL SNACKS OR BIRTHDAYS.

**Nap/Rest Time** – Every child needs one small receiving-style blanket and a fitted crib sheet (no jersey material please) in a large zip-lock bag. Sweater bags with zippers are available for purchase for \$8/pair. (Storage space is limited.) Pillows and stuffed animals are NOT allowed. If your child does not nap, there will be a short quiet/rest time while the napping children fall asleep.

**Change of Clothes** – Please bring in an extra set of socks, underwear, shirt, and pants/shorts. All these should be labeled and placed in a ***labeled zip lock bag*** for accidents and water play. These clothes will be placed in their cubbies or stored in the bathrooms. Make sure you keep them available and replenished at all times. Please label ALL clothing. If you are concerned that your child will have an accident, perhaps two sets would be helpful.

**Emergency Clothes** – An ***additional set*** of labeled clothing, a family photo, and a power bar needs to be sent in a ***labeled zip lock bag***. This bag will be tucked away in each classroom's Emergency box as part of our disaster preparedness plan.

**Birthdays** – We celebrate birthdays with a picture time-line of your child. On their celebration day, your child may bring a special snack to share (no sweets or nuts, please). Please provide all necessary serving pieces. Feel free to bring your camera along and take some photos.

**Share Days** – Check with your child's teacher to see what day of the week is sharing day for your child's classroom. We encourage items that are natural and/or educational. Absolutely NO TOYS may be shared or brought to school.

**Splash Day** – is every Friday. Each classroom has a designated time to play in the water. Please label everything your child brings or wears: clothes, towel, water play things, etc. We use small pools on the grassy area. Your child may arrive at school with their swimsuit already on, with a tee-shirt as a cover, but please remember to send underwear and clothes for when they change.

**Sun Protection** – Our playground is sunny. We encourage hats and UV protection to be applied by the parents *before* school. Do not leave the sunscreen in the children's cubbies.

**Helmets** – If your child would like to ride the bicycles on the playground, you will need to provide them with a helmet. This can be left at school during the week outside their classroom, or brought to school daily. Children without a helmet will not be allowed to ride. Please be sure that the helmet is clearly marked with their name and identifiable by the child.

**Medicines** – All medication needs to be signed in on the Medicine Log and deposited through the front office. Cold/cough formulas are no longer allowed at school. Prescribed medications need to be brought in an individual dose and labeled clearly. Please notify your child's teacher and sign in on the Special Memo sheet in your child's classroom if you have brought medicine into the office that day.

**Dress Code** – Children should wear comfortable clothes with closed toe shoes. NO "cros" or open sandals. Closed-toe sandals are OK. Please do not dress your child in clothing adorned with violent characters or scary characters. They are not allowed to play on the structures with sandals on.

**Last, But Not Least** – Our school has a peaceful, non-violent atmosphere. Please do not promote violent and/or aggressive TV or movie characters. The young child takes on this persona, which affects their behavior and interferes with the learning environment we provide.

**Your child's independence is VERY important** – Please allow them to walk in on their own, as well as carry their own lunchbox. Please keep your good-byes short and sweet. The teachers will take over if separation is an issue.

## FAQ

### What time should I arrive?

8:00 – 9:00 is included in the tuition charges. Please allow your child to arrive early enough to have time for social play prior to 9:00 am

### What do I do when I arrive?

Sign your child in on the sign-in sheet in your child's classroom. Full signature required. Help your child put their belongings away before going out to the playground. **If your child arrives before 8:00 am, please bring them to the library in the office. There will be a teacher on duty to receive them.** Extended care charges apply 7:00-8:00 am.

### What do I send with my child each day?

- Lunch Boxes – We are NUT FREE. Please label and keep the size to a minimum. Send a cloth placemat and utensils each day. We suggest a cold pack in the lunchbox.
- Water Bottle – Please provide a water bottle. Be sure to label with child's name.
- Sun Protection – Our playground can be sunny. We encourage hats and UV protection to be applied by the parents *before* school.
- Rest Items – For all full day students.

### Do you offer a lunch program?

Hot Lunch is available for purchase from **Ki's Natural Lunches** at [www.kis.naturallunches.com](http://www.kis.naturallunches.com).

### What is Splash Day?

We use small pools on the grassy area each Friday. Please send your child with a swimsuit and towel. **Be sure to label everything.**

### What if we need to adjust our weeks of attendance?

Changes and additions can be made up to the Monday prior to the week of attendance. There will be a \$25 fee when processing schedule changes after May 15th.

### What time should I pick up my child?

Half Day children must be picked up by 12:30 pm. Full day camp is over at 3:00 pm. From 3:00 – 4:00 pm is a nice time to allow your child free play with the other children. Extended care charges apply for those staying after 4:00 pm. They must be picked up by 6:00 pm.

### What if I need extended care?

Tuition covers 8:00 am – 4:00 pm. If you need care outside of this time frame, mark it on your enrollment form. Extended care will be paid ahead with tuition. \$15 daily rate or \$55 weekly rate. Unplanned care is \$15 per day and must be paid prior to picking up your child.

### What if someone that is not on our list is picking up my child?

In the event that a person other than those listed as a pick-up person will be getting your child, please note their name on the "Notes for Teachers" page in the classroom. They should present identification to the attending staff and they will assist with signing the child out. Without prior notification, the child will not be released to anyone not listed, at which time the parents will be contacted.

### What if my child needs medication while at camp?

All medication needs to be signed in on the Medicine Log and deposited through the front office. Medications need to be brought in by the individual dose and labeled clearly. Please note medication on the "Notes for Teachers" page in the classroom. **DO NOT STORE MEDICINE IN CHILD'S LUNCHBOX OR BACKPACK.**

# MBMA

## Summer Camp Registration

2640 Soderblom Ave.  
San Diego, CA 92122  
858-457-5895

### Child's Information

Date received: \_\_\_\_\_

|  |        |            |     |   |
|--|--------|------------|-----|---|
| Child's Name   |        |            |     |   |
| Birthdate  | School | Grade      | Age | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Home Address   |        |            |     |   |
| City/State/Zip   |        | Home Phone |     |   |
| Mother/Parent/Guardian   |        | Cell Phone |     |   |
| email  |        | Work Phone |     |   |
| Father/Parent/Guardian   |        | Cell Phone |     |   |
| email  |        | Work Phone |     |   |
| Child Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____ |        |            |     |   |
| Child's Primary Language <input type="checkbox"/> English <input type="checkbox"/> Other _____   |        |            |     |   |

### Child Release Authorization/Emergency Contact Information

Persons authorized to pick up child from our facility:

| Name | Relationship | Phone | Emergency Y/N |
|------|--------------|-------|---------------|
| 1.   |              |       |               |
| 2.   |              |       |               |
| 3.   |              |       |               |

### HEALTH HISTORY

|  |                                 |                                      |   |                                      |                                      |
|--|---------------------------------|--------------------------------------|---|--------------------------------------|--------------------------------------|
| Is the child currently taking medication? <input type="checkbox"/> YES <input type="checkbox"/> NO |                                 |                                      |   |                                      |                                      |
| Medications administered during camp require a completed <b>MEDICATION RELEASE FORM</b>            |                                 |                                      |   |                                      |                                      |
| List any conditions requiring special consideration, accommodations or restrictions while at camp: |                                 |                                      |   |                                      |                                      |
| List and past medical treatment that may affect participation in camp:                             |                                 |                                      |   |                                      |                                      |
| List any activities from which the camper should be exempted for health reasons:                   |                                 |                                      |   |                                      |                                      |
| ALLERGIES/DIETARY RESTRICTIONS<br>(Check all that apply)   |                                 |                                      | CONDITIONS REQUIRING CONSIDERATION<br>(Check all the apply) |                                      |                                      |
| <input type="checkbox"/> Peanuts   | <input type="checkbox"/> Gluten | <input type="checkbox"/> Egg         | <input type="checkbox"/> ADHD                               | <input type="checkbox"/> Asthma      | <input type="checkbox"/> Seizures    |
| <input type="checkbox"/> Insect Sting  | <input type="checkbox"/> Dairy  | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Wears Glasses                      | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

### CHILD MEDICAL INFORMATION

|                                  |                        |
|----------------------------------|------------------------|
| Name of Health Insurance Company | Policy Number          |
| Physician's Name                 | Dentist's Name         |
| Physician's phone number         | Dentist's phone number |

**ALL NEW CHILDREN MUST SUBMIT A COPY OF UPDATED IMMUNIZATIONS**  
**ALL CHILDREN MUST BE IMMUNIZED OR HAVE A SIGNED MEDICAL WAIVER**

## MISSION BAY MONTESSORI ACADEMY

Name of Minor \_\_\_\_\_

### CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the parent/guardian, I hereby give consent to *MISSION BAY MONTESSORI ACADEMY* to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.), osteopath (D.O.) or dentist (D.D.S.) for the above named child. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the above named child.

Child has: ☐ NO allergies to medication

☐ Allergies to the following medication(s) \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

### PHOTOGRAPHY PERMISSION FORM

I, \_\_\_\_\_, as parent/guardian of the above named child, give my permission to *MISSION BAY MONTESSORI ACADEMY* to photograph my child and/or use my child's photo image to be posted within the school or used in publications and/or company websites for marketing and/or public relations purposes.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

# MBMA CHILDREN'S HOUSE 2019 Summer Enrollment

2640 Soderblom Ave.  
San Diego, CA 92122  
858-457-5895

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

| Select your weeks  | Select your program   | <u>Extended Care</u><br>Circle days needed |
|--|---|--|
| <input type="checkbox"/> Week 1 June 24 - 28               | <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day | M T W TH F                                 |
| <input type="checkbox"/> Week 2 July 1 - 5 (closed July 4) | <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day | M T W TH F                                 |
| <input type="checkbox"/> Week 3 July 8 - 12                | <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day | M T W TH F                                 |
| <input type="checkbox"/> Week 4 July 15 - 19               | <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day | M T W TH F                                 |
| <input type="checkbox"/> Week 5 July 22 - 26               | <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day | M T W TH F                                 |
| <input type="checkbox"/> Week 6 July 29 - August 2         | <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day | M T W TH F                                 |
| <input type="checkbox"/> Week 7 August 5 - 9               | <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day | M T W TH F                                 |
| <input type="checkbox"/> Week 8 August 12 - 16             | <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day | M T W TH F                                 |

**Camp Day: 8:00 am – 4:00 pm • Class Time: 9:00 am – 3:00 pm • Ext. Care: 7:00 – 8:00 am & 4:00 – 6:00 pm**

## RATES

### TUITION:

**When paid in full by May 15<sup>th</sup>**

**\$295** - full day week

**\$245** - half day week

**When paid after May 15<sup>th</sup>**

**\$305** - full day week

**\$255** – half day week

### ADDITIONAL FEES:

Non-refundable/non-transferable

Registration Fee - **\$25**

Waived for the first 100 to register by 4/12

Deposit - **\$100**

### EXTENDED CARE:

Paid in advance with tuition

For coverage 7:00-8:00 am & 4:00-6:00 pm

Day - **\$15** Weekly - **\$55**

We now accept Debit & Credit Cards: Visa & MasterCard only.

### Registration & Payment:

- **REGISTER BY APRIL 12<sup>th</sup>:** Submit enrollment papers with registration & deposit.
- **PAY BY MAY 15<sup>th</sup>:** Pay tuition IN FULL by May 15<sup>th</sup>. Your deposit will be applied to tuition.
- **AFTER May 15<sup>th</sup>:** Any registration received after May 15<sup>th</sup> must include FULL tuition, calculated at the higher rate. Registration **MUST** be submitted by the Monday prior to attending.
- Deposit and registration are non-refundable/non-transferable.
- Checks made payable to MBMA. We accept Debit & Credit Cards: Visa & MasterCard only. \$40 fee for NSF.

### Refund Policy:

- Tuition and extended care can be applied to a different week of summer school. Adjustments of weeks will result in a \$25 processing charge.
- Deposit and registration are non-refundable/non-transferable.
- Summer payments cannot be applied to fall tuition.
- There will be NO REFUNDS.

MBMA reserves the right to terminate this agreement if a) The program does not meet the needs of the child, b) Individuals do not follow school policies, c) Lack of parent's cooperation, d) Financial obligations are not met.

### Required to Enroll:

- ☐ Summer Camp Registration (with signed waivers on the reverse side)
- ☐ Summer Camp Enrollment (with signature below)
- ☐ Registration Fee (Waived for the first 100 by April 12<sup>th</sup>)
- ☐ Deposit (for early registration) OR Tuition for weeks selected

I understand and accept the payment terms as listed above

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

#### Office Use Only:

Date Received \_\_\_\_\_

Payment \_\_\_\_\_

Pmt Method \_\_\_\_\_