

# *Community Helpers*



At

Mission Bay Montessori Academy

LA CASITA

Ages 2-3

June 24 – August 16, 2019

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

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# *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:**

### **FIRST DAY SUPPLIES:**

On the first day of school, please bring:

- 24 pull ups (not diapers), wipes, and diaper cream, if necessary. Please label everything.
- We ask that you restock pull ups each Monday. Teachers will send home a notice on Friday to notify you of supplies that they need.
- Two full extra changes of clothes (including shirt, shorts/pants, socks and underwear, if wearing). Label everything, and place in a labeled gallon Ziplock bag.
- A fitted crib sheet (no jersey type material), and an infant sized, light blanket in a bag. Specific nap bags are required, and will be available to purchase the first week of school.  
(these items are only necessary if Full Day)
- Emergency Bag: One full change of clothes, nut-free granola bar, and family photo in a labeled gallon Ziplock bag. This bag will be tucked away in the classroom as part of our disaster preparedness plan.

Please keep in mind:

- You can help us promote a peaceful, non-violent atmosphere by not choosing clothes or school supplies with Superheroes, Pokeman, Power Rangers, Angry Birds, and the like.
- Consider independence as you choose school clothes. Pick pants that are easy to pull up and down, and please, no belts or tie shoes. Be prepared to play and possibly, get dirty!
- Backpacks are not necessary at this level, as very few things are coming to and from school each day. Additionally, we do not have the room to store them.

### **ARRIVING:**

- Please arrive by 9:00 to allow your child to be a part of the daily routine.
- Allow your child to walk in, rather than carrying them. Also, they will enjoy carrying their own lunchbox and putting it away. This will help with separation and encourage the Montessori value of independence.
- Please be sure to hold your child's hand in our parking lot at all times.

### SEPARATION ANXIETY:

- Difficulty separating from Mom and Dad is developmentally appropriate at this age. You can help your child by confidently and quickly saying good bye, and that you will return after he/she has had a fun day at school.
- We have found that “sneaking out” is not a good long-term strategy.
- Your teachers are used to children having difficult goodbyes, and will be in touch if the child has an extreme reaction. Otherwise, please do not be too alarmed, and be patient during the first few weeks.

### TARDINESS:

- Your child will benefit from a consistent arrival time that allows them to be a part of the class routine.
- School begins at 9:00 am. Please be sure that your child has put their belongings away and has been signed in by this time.
- If you arrive after the class has started, you must come to the office for a tardy slip.
- If you do arrive late, please say your goodbyes outside of the classroom to minimize disruption to the morning routine already in progress.

### SNACK:

- The school provides a healthy snack twice each day, and once in Extended Day.
- You will occasionally be asked to provide a prepared, nut-free, nutritious snack to share with the class. There will be a sign-up sheet in the classroom.

### LUNCH:

- Choose a small and manageable sized lunchbox.
- We recommend an insulated lunch box with an ice pack, and reusable containers. Label everything.
- Enclose a cloth placemat each day, packed on the top of the lunchbox.
- Pack food that can be eaten independently, and does not require heating.
- Remember that we are a **NUT FREE** environment.
- You may purchase 1% milk for \$3/week by notifying your teacher, or the office.
- You may rather purchase a hot lunch from Ki's Natural Lunches at [www.kis.naturallunches.com](http://www.kis.naturallunches.com).

### HALF DAYS:

- **Please note that the pick-up time is 12:30, and be sure to arrive by this time each day.**
- The half-day children will be with the teacher in the La Casita outdoor area with their belongings, so that the full-day children can prepare for their nap.
- If your child is not picked up by 12:30, they will be brought in the office to wait, and a \$25 late fee will be assessed.
- You may change to full day at any time.

### NAPPING:

- The children will be resting from 12:30 - 2:30 pm every day.
- Please bring only a fitted crib sheet and a light blanket. No pillows, please.
- You can purchase a nap bag from your teacher on the first day of school. You may bring \$8 cash, or we can bill your account.
- Please avoid bringing “loveys” and toys to school. These items may be lost, damaged, or pinned after by other children, and frequently cause disagreements. Please encourage your child to leave the treasured object in the car or at home.

### DEPARTING:

- Please sign your child out when you are leaving the playground each day. Be sure to arrive with enough time to gather your child's belongings and be out the gate by 4:00 pm.
- Sign out with the actual time that you leave with your child.
- Be prepared to show your ID to verify authorized pick-ups.

### ALLERGIES:

- If your child has a food allergy, please notify the office ASAP in order to prepare an allergy action plan and submit medication.
- If your child has many food restrictions, please provide a “back up snack” that we can serve your child on those occasions when the group snack is not appropriate.

### MEDICATION:

- All medication needs to be signed in on the Medicine Log and deposited through the front office. Cold/cough formulas are not 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.

### TOILET TRAINING:

- We understand that toilet training is a partnership between parents, teachers, and children. For the first four to six weeks of school, we want to meet your child where he or she is at in their toilet learning process, and avoid the added pressure of toilet training in a new environment. Therefore, we will continue your current routine: full-time or part-time pull ups, or underwear.
- After the initial adjustment period, we will begin toilet learning plans with those who show interest and readiness. These agreements will be shared with you, so that we can consistently support the child at home and at school.

### BIRTHDAYS:

- We keep the Montessori tradition of sharing a picture time-line of your child on their birthday.
- On that day, your child may also bring a special snack to share, and must adhere to the same nutritional guidelines used for all snacks. **No cakes, cupcakes, etc, please.**
- **PLEASE, follow these guidelines.** We often celebrate several birthdays each month, and want to teach our children healthy habits.
- Please provide any utensils that the snack requires.

### SHARING:

- Our sharing day is Friday.
- Students may bring items found in nature, their art, books, educational objects, or something that relates to our summer unit.
- **PLEASE, no toys** or items that feature TV or movie characters.

### SPLASH DAY

- 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 along with some water play activities.
- Provide a disposable SWIM DIAPER to be put on by the teachers prior to splash time.

### TEACHER COMMUNICATION:

- We love to talk with you, but please respect that we are carefully supervising children while we are on the playground. It is not possible to have in-depth conversations at this time.
- Please email us if you have concerns and would like to set an appointment for one of our prep times.

# MBMA LA CASITA 2019 Summer Enrollment

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

Select your weeks	Select your program	<u>Extended Care</u> 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>**

**\$330** - full day week

**\$275** - half day week

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

**\$340** - full day week

**\$285** – 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	_____

# 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 (Check all that apply)			CONDITIONS REQUIRING CONSIDERATION (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 \_\_\_\_\_