



MONTESSORI INTERNATIONAL ACADEMY AFTER-SCHOOL PROGRAM (Support for English Education)
モンテッソーリ国際学園アフターキンダー 英語プログラム

モンテッソーリ国際学園では、英語をサポートするアフターキンダープログラムを開講致しております。

現地のキンダーのクラスに通い、緊張しているお子様に、放課後、お友達と一緒に、リラックスして、英語に親しむ環境を提供します。お子様個人ベースにカリキュラムを立て、英語の基礎を習得します。英語に慣れていないお子様に最適なプログラムです。

対象年齢： キンダーガーデン 4 歳 9 ヶ月から 6 歳までのお子様

時間： 3 時 30 分 ～ 5 時：

- a. 文法
- b. 英会話
- c. アルファベットの配列、簡単な単語を文字カードを使い書く（書き順に馴染む）
- d. 筆記体を書く
- e. 本読みの導入、短文を読む、本を読む（読む楽しみを知る）
- f. 品詞の紹介（名詞、動詞、助詞を知り、パターンで英文を作ることをする）
- g. 簡単な作文を書く（現実起こったことを文章で表現する）
- h. 手紙を書く（はがきの書き方を知る、挨拶の文の紹介）

5 時 ～ 6 時： 無料チャイルドケアプログラム

- ◆ 外遊び、自由遊び、室内でグループゲームなど

場所：モンテッソーリ国際学園

2717 S. Halladay Street, Santa Ana, CA 92705
Tel: 714-444-2733 Email: info@monteintel.com

授業料金表

	一日あたり	週
週 1 (火曜か木曜)	\$30	\$30
週 2 (火曜と木曜)	\$30	\$60

- 授業料のお支払いは一週間前までにお支払いください。
- ご希望の参加日を事前に受け付けておりますが、授業料の支払いが済むまでは、席の確保はできかねますのでご了承ください。
- 定員は 10 名ですので、お早目の予約をお勧めいたします。



Montessori International Academy
モンテッソーリ国際学園
2717 S. Halladay Street, Santa Ana, CA 92705
phone : 714-444-2733
http://www.monteintel.com

**APPLICATION FOR ADMISSION
TO MONTESSORI INTERNATIONAL ACADEMY AFTER-SCHOOL PROGRAM
(Support for English Education) AND TUITION AGREEMENT**

To be completed and submitted by Parents, Guardian or Authorized Representative before enrollment is approved and begins. Please clip one recent photograph of your child to this Agreement.

This Agreement is made and entered into as of the _____ day of _____, 20____ at Santa Ana, California, between Madoka International, Inc. doing business as Montessori International Academy (the “Academy”) and _____ and _____, jointly and severally if more than one (referred to as (“Parent(s), Guardian or Authorized Representative”) for the purpose of admitting _____ (“Child”) as a student in the Academy. Please read what follows carefully as it is a legal and binding agreement with the Academy. If you fail to sign and return this Agreement before the Program begins, then your Child’s enrollment and admission will automatically terminate.

Tuition/Fee Schedule:

Parent(s)/Guardian/Authorized Representative wish to enroll their/our/my Child in the following Program(s):

() 1 Day (Tue or Thurs) per week / () 2 Days (Tue and Thurs) per week

The current tuition rate for the Program(s) We/I have chosen is \$ _____ () per week () per day. We/I understand that rates are subject to change with notice of no less than three (3) weeks as conditions may require and in the Academy’s sole discretion.

PAYMENT:

Payment shall be made one week in advance by cash or check (Made payable to “**Montessori International Academy**”). Your Child will not be able to attend the Program if the payment has not been made.

NSF Check: Please note that a processing fee of \$ 30.00 will be charged to your account for all checks written or drawn on insufficient funds and this is in addition to any charges that your bank or financial institution may charge. Furthermore, there is a \$10.00 late payment fee (See below). Also, please note that any non-sufficient funds check will be automatically resubmitted up to 2 times. Once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than 2 checks are returned NSF within the school year, you shall be required to pay by cash or money order.

Late Payment Fees and Costs:

Please note that there will also be a late fee of Ten Dollars (\$10) for any late payment of tuition or any other expense due to the Academy. This late fee will be assessed and is due ten (10) days after the original payment due date. A delinquency notice will be sent as a reminder at that time if the late fee is not paid. Your Child will be dismissed from school if the Academy does not receive all payments due (including late fees) within 14 days after the original payment due date. A payment thirty (30) days past due is subject to a finance charge calculated at 1.5 percent per month (18% annually) or at the highest legal interest rate allowed by law. Late payments which occur more than two (2) times within the school year will result in the removal of your Child from school. In other words, if you are late a third time in the school year with any payment due, your Child will be dismissed from school.

Illness of Child: Your Child shall not be admitted to the Academy on any day when your Child exhibits obvious symptoms of illness such as fever or vomiting. The Academy may reasonably deny admission of any child believed to have been exposed to a contagious disease. If your Child's throat appears red or inflamed, we will not allow your Child to attend the Program until cleared by a physician. Please refer to our health history policy for more details or ask the Academy Administrator for more information. Time missed due to illness is not credited against Tuition or any other fees.

Sign-In and Sign-Out: We/I agree to sign my Child in and out on Sign-In/Out Sheet. Your Child shall not be admitted to the Academy for the day unless you personally make contact with an authorized representative of the Academy and hand your Child off. We/I understand that my Child is not permitted to sign him/herself in or out under any circumstances. We/I understand that We are/I am required to come into the Program to drop off and pick-up my Child, and that I must escort my Child to and from school each time. THIS IS A STATE LAW REQUIREMENT and We/I fully agree to abide by this law.

Late Pick Up: There will also be a fee for LATE PICK-UPS to cover additional staffing costs. This will be assessed at \$1.00 per minute beyond the scheduled 6:00 p.m. pick-up time. After 6:20 p.m., your Child will be considered "abandoned" and will come under the supervision of the Orange County Sheriff's Department. The Orange County Sheriff's Department number is (714) 449-8100.

Academic Records: All of my Child's academic records are the property of the Academy and the Academy is under no obligation to release any academic records or copies thereof, to any person or entity at any time when the Parent/Parents/Guardian/Authorized Representative are in default of their obligations or otherwise in breach of this Agreement. In the absence of any such default or breach, the Academy agrees to forward copies of all academic records to any person or entity authorized by Parent(s)/Guardian/Authorized Representative within thirty (30) days of receipt of a written request signed by the Parent(s)/Guardian/Authorized Representative.

Incorporation By Reference: Audiovisual Release Form, Consent, Waiver and Release of Liability, and the Student Pick-up Authorization Information are incorporated by this reference as set forth in full. Parents/Guardian/Authorized Representative represent(s) and warrant(s) that all information provided in such reports, records and sheets is true, accurate and correct as of the date of this Agreement. Parent(s)/Guardian/Authorized Representative acknowledge receiving and reading all of the described materials incorporated by reference. All forms and materials provided to Parents/Guardian/Authorized Representative must be completed, signed and returned to the Academy office before the Child enters the program.

The Department of Social Services State Regulation 101195 (b) (c): We/I understand that the above policies are not an all-inclusive list of policies, and that The Department of Social Services has the inspection authority which state that any duly authorized officer, employee, or agent of the department may, upon presentation of proper identification, enter and inspect any place providing personal care, supervision, and services at any time, with or without advance notice, to secure compliance with, or to prevent a violation of, this act or the regulations adopted by the department pursuant to the act. We/I understand that the Department of licensing agency shall have the authority to observe the physical condition of the child(ren) which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the child(ren). We/I further understand that our/my continued enrollment at this child care constitutes my acknowledgement of, and agreement to abide by, all of the pre-schools policies and State regulations.

We/I agree to accept all rules and regulations of the Academy. We/I understand that the Academy does not tolerate profanity, obscenity in words and/or action, or disrespect towards personnel of the Academy. We/I will encourage our Child to comply with Academy regulations. We/I agree that the Academy has the right to dismiss any Child who does not respect or cooperate with Academy personnel or who refuses to participate in the educational program. We/I understand that damage to any property by our Child will be directly charged to us and we/I agree to be fully obligated for such damages. We/I give permission for our Child to take part in all after school program activities and absolve the Academy from any liability or any injury to our Child at school or during any school activity. We/I agree to pay the tuition on time and when due and all other fees as are chargeable according to the current tuition and fee schedule that are stated in this Agreement and incorporated by reference. The Academy reserves the right to terminate this Agreement at any time. Parents/Guardian/Authorized Representative not adhering to Academy guidelines, rules and regulations and the requests of the administration may be asked to immediately remove their Child from the Academy upon notification. All reasonable legal and collection fees incurred and required to enforce this

CHILD's INFORMATION

Student's Last Name First Middle Nickname, if any

氏名 (日本語): _____

Date desired for admission: _____

Date of Birth: _____ / _____ / _____ Place of Birth: _____

Citizen of: _____ Sex: M / F

Address: _____

Home Telephone: (_____) _____

Mother's Name: _____

Natural _____ Step-Mother _____ Guardian _____ Living with Child?: Y () N ()

Social Security #: _____ Driver's License #: _____

Father's Name: _____

Natural _____ Step-Father _____ Guardian _____ Living with Child?: Y () N ()

Social Security #: _____ Driver's License #: _____

Mother's Work Telephone: (_____) _____ Cell Phone: (_____) _____

Father's Work Telephone: (_____) _____ Cell Phone: (_____) _____

Mother's Email Address: _____

Father's Email Address: _____

Child's Previous Schooling: _____

Dates of Attendance: _____

Friends of Montessori International Academy with whom you may be acquainted, or who recommended the School to you: _____

PARENTS/GUARDIAN INFORMATION

Father's Full Name _____

Residence address and telephone if different from Child's:

Occupation / Name of Company: _____

Company Address: _____

Educational Background: _____

Mother's Full Name _____

Residence address and telephone if different from Child's:

Occupation / Name of Company: _____

Company Address: _____

Educational Background: _____

If not living with either, parent, with whom does the Child reside?

List brothers and sisters of Child applicant (OPTIONAL).

Name: _____ Age: _____ Grade: _____ Present School: _____

Which languages are spoken in your home? _____

FAMILY BACKGROUND

Please answer the following questions as completely as possible.

1. How did you find out about MONTESSORI INTERNATIONAL ACADEMY?
2. What do you expect your Child to gain from a Montessori approach to learning?
3. Which activities or objects seem to hold your Child's interest for the longest period of time?
4. How would you describe your Child in a few words?
5. What sort of discipline, (if any) do you employ at home?
6. Which areas need to be strengthened?
7. Has your Child had any experiences with children other than siblings?

8. Who takes care of your Child most of the time?

Mother _____ Father _____ Maid _____ Grandparents _____ Sister _____ Brother _____
Relatives _____ Babysitter _____

9. Reason for applying to MONTESSORI INTERNATIONAL ACADEMY? (Check one)

Learn how to learn _____ Best School _____ Learn quickly _____ Close by _____

10. How many years do you plan to send your Child to MONTESSORI INTERNATIONAL ACADEMY?

Preschool _____ Lower Elementary _____ Upper Elementary _____

11. Has your Child ever had learning difficulties or the needs for special attention (gifted, speech, vision, writing challenges)?

12. Reading requirement for every parent: Dr. Montessori's Own Handbook by: Maria Montessori

Please list any other reading or experience which you have had, which you feel would be pertinent.

MEDICAL INFORMATION

In the event of an emergency and I cannot be reached, I hereby give my permission for my son/daughter to be given immediate medical care at a hospital or other medical facility. (PLEASE PRINT)

Family Doctor's Name: _____ Phone: (_____) _____ - _____

1. What techniques are effective when your Child is upset?

2. Describe your Child and tell us what makes him/her happy?

What are your Child's special needs, if any?

Physical: _____

Medical: _____

Food allergies or diet restrictions: _____

Medications: _____

(Please note: Medications cannot be administered by program staff. Please make arrangements to have any required medications administered either before or after program.)

3. Please give us any information that you feel would be helpful for staff to know *about* your Child.

4. Date of last physical examination: _____