



## Parent Handbook

**SPRINGFIELD LOCATION:**

1942 5th Street  
Springfield, OR 97477  
(541) 726-9985

**EUGENE LOCATION:**

708 W. 10th Avenue  
Eugene, OR 97402  
(541) 689-0001

## **Arrival/Departure**

There is a keypad lock on the door. Parents will be given a code to enter the school. This code may not be given to anyone who is not a regular pick up or drop off person. Anyone authorized to pick up a child who is not the parent must knock on the door and show their ID through the window to be admitted by a staff member. All children must be escorted into the school by an adult and acknowledged by a staff member before the adult can leave. Please enter the time that you drop off and pick up your child(ren) onto the timesheets at the entrance of the school.

If someone other than the parents will be picking up a child, please inform the staff in advance so they are prepared to verify that the individual is authorized by the parent on the Enrollment Application, and to check ID.

Montessori Day Schedule is 8:30am-3pm. Montessori ½ Day Schedule is 8:30am-1pm, please have your child(ren) at school no later than 8:45am. Montessori Extended Day Schedule anytime after 7am to 8:30am- can stay as late as 6pm. If you are going to be late, please call or text the classroom line and let CCM know. If staff are in the classroom, staff may ask you wait in the entry way for your child. You may come outside to retrieve your child from staff if it is outdoor time.

## **Student Evaluations & Screenings**

The staff at Children's Choice Montessori will do ongoing evaluations, observations, and record keeping. The first evaluation will be within the first 45 days of school. These evaluations will be used to assess the social, academic, and motor development of your child(ren). This will assist CCM staff in preparing an individualized program that meets the unique needs of your child(ren).

## **Observations**

If you wish to observe your child in the classroom, CCM requests that you make an appointment with the classroom teacher and respect the classroom rules for observers. CCM also request that you wait a minimum of three (3) weeks after initial enrollment to observe your child in class. This will allow sufficient time for your child to adapt to the environment, learn the routine, and separate you from their time in the classroom.

## **Clothing**

Montessori emphasizes the importance of hands-on learning. Even the youngest students develop the skills of pouring juice, spreading peanut butter, polishing shoes, and mixing colors by practicing these tasks until they are mastered. As you may guess, the road to perfection is paved with trial and error, much of which comes home on your child's clothing. Because of the wide range of activities available, CCM recommends that children be dressed in washable, comfortable clothing.

### **Clothing (continued)**

In addition, outdoor play is a critical part of your child's physical and social development. For this reason, CCM asks that you recognize the following policies:

1. Children will play outside year-round. Please be sure to dress your child(ren) appropriately for all weather conditions.
2. Do NOT send your child(ren) in shoes without a heel strap.
3. Umbrellas must be left at the door.
4. Long necklaces and other costume jewelry are not permitted. They can cause severe injury.
5. No costume attire (hoods, masks, clothing, etc.) These are often distracting and non-conducive to CCM learning environment.

### **Extra Clothing**

Water activities, painting, sand play and occasional bathroom accidents frequently result in a need for clean, dry clothes. An extra set of clothing should be kept at the school AT ALL TIMES. All extra clothing should be marked with the child's name. If wet or dirty clothes are sent home, please return a clean extra set of clothes the following day. Children's Choice Montessori has an extremely limited supply of clothing for emergencies, but CCM finds that children are often embarrassed and uncomfortable wearing clothes that do not belong to them or fit poorly. Please keep a spare set of clothes here at school for your child's sake. Bear in mind that the children will go outside regardless of the weather. Please make sure your child wears suitable clothing: jackets, gloves, and hats. Please send your child with a pair of "inside shoes" to keep at school to wear during class time. These should be something that the child can easily put on and take off independently. No "big heads", characters, or light-ups please.

### **Parent Conferences**

Parent conferences are scheduled in January and June. These times are set aside for discussing a child's goals and transferring valuable information about a child's success, for both at school and home. CCM also encourages communication between parents and teachers throughout the year. Please be mindful, however, that our teachers are responsible for the children during school hours. CCM would appreciate it if you scheduled a conference time before or after school. Any questions regarding school policy, tuition, or changes in schedule should be discussed with the Site Director. Communication can also be conducted by emailing [\*\*support@mainstreetmontessori.org\*\*](mailto:support@mainstreetmontessori.org)

## **Privacy and Personal Responsibility**

As children gain greater awareness of themselves and others around them, they begin to understand that males and females are different. While it is perfectly normal for young children to be curious about these differences, family members, teachers and friends must be careful to monitor behaviors without embarrassing or punishing the child. At Children's Choice Montessori, the underlying theme of respect for self and others sets the stage for protecting one's privacy and not touching others without permission. However, these are young children, and sometimes they forget. CCM makes it a practice of speaking to the children periodically about these issues.

CCM explains that using the restroom is a private time and that only one child should be in the bathroom stall at a time. CCM talks about the private areas that bathing suits cover and that privates should never be seen or touched by anyone at school. CCM discusses the possibility of children having accidents and encourage them to clean themselves up as much as possible, but that they may request help from a teacher. They should talk to a teacher or their parents if anyone is not respecting their privacy.

## **Bathroom Procedures**

The staff at Children's Choice Montessori provides positive support and instruction regarding toileting and bathroom hygiene in a positive manner using naturally occurring opportunities on an individual basis. While children are on the playground, the teachers outside will monitor the use of the bathrooms. Children will use the bathroom one at a time as the teachers supervise from the classroom door.

## **Parent Volunteers**

Studies show that when parents are active participants in their children's education, children do better in school. For this reason, CCM requires that parents and/or family members donate at least 10 hours per school year of Family Volunteer Time or FVT. Volunteer time may be spent in numerous functions. Please check our "Please Help" board in the entry way for FVT opportunities. You will also be contacted by a FVT coordinator after the school year begins. If your volunteer hours have not been fulfilled by the end of the school year, they will be billed on June's tuition statement. If preferred, volunteer hours may be met by a tax-deductible donation of \$15.00 per hour, so that we can hire additional help if necessary.

## **Procedures for Volunteers**

Volunteers who work directly with the children must be enrolled in the Oregon criminal history registry. Forms are available in the office. More information is available at [www.oregon.gov/OCC](http://www.oregon.gov/OCC). Classroom volunteers will be under the supervision of a Children's Choice Montessori staff member at all times. CCM will have projects throughout the year that may interest you.

## **Photographs and Publicity**

Photographs of the children participating in CCM programs may be taken from time to time, and may appear in newspapers, magazines, brochures, CCM website and social media. Your permission for photographs of your child to be used without compensation is part of the agreement. **PLEASE CHECK YES OR NO ON THE ENROLLMENT FORM.**

## **News and Current School Information**

Announcements, upcoming events, lessons and themes, monthly menus, special classroom projects and activities and more will be in CCM monthly newsletter. A hard copy of these will also be posted near the sign in sheets at each school.

## **Food**

The school will meet the child's nutritional needs for the day by providing a nutritious snack, a well-balanced lunch, and a nutritious afternoon snack. You may choose to bring in a ready-to-eat breakfast for your child(ren) to eat between 7:00am and 8:30am. Our lunches and snacks are low in sugar and fats, with at least one serving of fresh fruits and vegetables daily. 1% milk is served with lunch each day. If your child is allergic to any type of food, **PLEASE COMPLETE THE INCLUDED CHILD ALLERGY FORM AND RETURN TO CCM.** If you send a lunch from home, please include a protein, bread or grain product, and fruits or vegetables. Sweets will be confiscated. CCM must have written notice from an MD or licensed dietician to serve any type of milk substitute. Children's Choice Montessori is part of the USDA program and follows its nutritional guidelines. CCM is a non-profit and relies on the assistance the USDA program provides. As a requirement to participate in the USDA program CCM must have each family **COMPLETE THE ATTACHED CONFIDENTIAL INCOME STATEMENT AND CHILD ENROLLMENT FORM.** CCM also participates in the "Farm to School" grant program, which provides funds to purchase locally sourced meats and produce.

## **Discipline**

In an effort to provide an educational environment that is free of disruption and safe for children and staff, Children's Choice Montessori practices the following disciplinary procedures:

1. **Redirect** – Children displaying behaviors that are mildly to moderately inappropriate will be redirected to more positive, constructive activities.
2. **Natural and Logical Consequences** – Children displaying inappropriate behaviors will be subject to consequences for their actions that may include loss of privileges, temporary restriction from activities or peer interaction, added responsibilities to restore order and other such measures that relate to the behavior in question.
3. **Removal from Situation** – If a child is particularly destructive or hurtful, he/she is removed from the situation and asked to contemplate his/her actions. A child may be asked to sit in the classroom, on the playground, or in more serious cases, in the office under a teacher's supervision.
4. **Parent Conference** – If the above measures prove unsuccessful in correcting inappropriate behaviors, parents will be asked to meet with staff to address the issue. In some instances, parents may be requested or required to seek assistance from a professional in the form of counseling, behavior management or instruction in parenting. If collaborative efforts of this nature do not produce measurable improvement, the child may be asked to leave the school.  
**Note:** In all disciplinary situations, the staff discusses the behaviors with the child to verify the child's understanding of the reasons behind the disciplinary action and to help the child develop the ability to control his/her actions.
5. **Situations Requiring Immediate Action** – If a child displays behaviors that are deemed hazardous or overly disruptive, the staff may contact the child's parent/guardian to remove him/her from Children's Choice Montessori for the day. The Site Director or Executive Director will then discuss the behavior with the staff involved and will determine whether further action is needed, including but not limited to a parent conference, suspension, and expulsion.

## **Regulation of the Behavior of Adult**

For the safety and well-being of the children and staff of Children's Choice Montessori, it is imperative that CCM establish parameters for appropriate behavior, not only of the children CCM serves, but also of the adults who accompany them. If a parent/guardian or other adult displays inappropriate, disruptive or hazardous behaviors on the grounds of Children's Choice Montessori school while on/off school grounds, the Site Director or Executive Director may withdraw permission for the offending individual to visit the school and has the option of removing his/her child from enrollment at Children's Choice Montessori. In the event of expulsion, any unapplied deposit and/or tuition payment(s) will be refunded within five working days.

## **Illnesses**

Children's Choice Montessori follows illness policy by the Department of Early Learning and Care. As guidelines change periodically please check the following for up to date guidance [Certified Child Care Center Rules | CCLD-0084 \(oregon.gov\)](#). These guidelines are also posted in the school entry way. We encourage parents to take a picture for quick reference. In addition, The Oregon Health Department prohibits childcare centers from admitting children who show any of the following symptoms:

- a) Fever over 100 degrees F taken under the arm (same as 101 degrees oral)
- b) Diarrhea (more than one incident in a day)
- c) Vomiting
- d) Nausea
- e) Severe cough
- f) Unusual yellow color of skin or eyes
- g) Difficulty breathing, wheezing
- h) Complaints of severe pain
- i) Skin, eye lesions, or rashes that are severe, weeping, or pus-filled.
- j) Stiff neck and headache with one or more of the symptoms listed above.

For the protection of all the children, your child should be kept at home if he/she shows any of the above symptoms. Parents should exercise every caution and keep their child home should other unusual symptoms occur. If a child has been exposed to a contagious disease, they should be kept at home and THE FACT OF THEIR CONDITION SHOULD BE REPORTED TO THE SCHOOL (Covid, strep throat, pin worms, viral infections, infected ears and/or glands, measles, mumps, chicken pox, scarlet fever, etc., are among those conditions categorized as "highly contagious"). If a child becomes ill during the day, he/she will be placed in isolation and parents will be contacted with the request to take the child home at their earliest convenience. CCM is prohibited by law from caring for sick children.

## **Illnesses (continued)**

Because fevers can leave and return quickly, CCM asks that your child be fever free without the use of fever reducers for 24 hours.

Please notify CCM if your child has been given cold medicine or pain relievers within 6 hours of attending school.

## **Medicines**

Prescription medicines to be given to your child must be handed to the staff person in charge. The parent must fill out the necessary information on the medication form (located on entry way shelf). Medications may be given under the following conditions:

- The medication must be in its original container, labeled with the name of the child, the name of the drug, the name of the physician, the dosage, and instructions for administering the medication.
- Non-prescription medication, such as Tylenol, cough medicine, etc., must be labeled with the child's name, instructions, and dosage. Over the counter medications must also be kept in their original containers. CCM is prohibited from giving any more than the recommended dosage, by child's weight, as directed and printed on container label

## **Medical Emergencies**

In the event of a medical emergency or accident, CCM shall contact the parent(s). If it is impossible to reach neither and should emergency treatment be required, CCM will call 911. Your authorization for the school to contact your family physician/dentist and to take whatever emergency medical procedures are deemed necessary is part of this agreement. Please make sure to keep CCM current on all updated info, names, and phone numbers. Feel free to ask to see your child's file to verify that the info is correct.

## **Emergency Procedures**

### **Snow Days -**

Children's Choice Montessori decides to close for inclement weather based on the determination of the Eugene/Springfield School District. CCM does not report our closure to radio or TV stations. If public schools are closed due to dangerous weather and/or hazardous road conditions, CCM will be as well. In the event of snow/ice on a day that CCM is scheduled to be open but the public schools are scheduled to be closed (as during winter break), check CCM Facebook, watch for a group text from your Site Director and/or call/text Children's Choice Montessori prior to bringing your child(ren) to school. In the event of a two-hour delay, CCM will open at 10 AM.



## **Holidays**

The school will be closed the following days:

Labor Day, Thanksgiving & the day after, approximately one week at Christmas/New Years, Martin Luther King Day, President's Day, Memorial Day, Juneteenth, Independence Day and Veterans Day. CCM will also be closed the last full week of summer session for new staff training. These holidays have been figured into the tuition rates and there will be no adjustment in tuition for the months in which they fall.

Holidays are not typically celebrated in the Montessori classroom for a variety of reasons, one being, if it is not appropriate to teach the origin of it, it is not appropriate to observe at school. In addition, these things are extremely distracting to the learning environment, and CCM also wants to be respectful to those that have different beliefs and observances (or non-observances) of such days.

## **Day Care Only Days**

Children's Choice will be open for various other holidays, in-service and conference days, during spring break and a portion of winter break for day care only -- normal classes will resume after these holidays. Staffing for these days is dependent upon the number of children who sign up for care. Tuition for Day Care Days is in addition to regular tuition (unless you are on an Extended Day schedule). Tuition for students attending Day Care Days is payable in advance. Day Care Days are noted in the school calendar, and notice will be posted in the entry prior to the dates.

## **Screen time**

CCM has extremely limited "screen time", that is, use of computer or TV screens. From time to time, CCM will use the laptop to view pertinent information related to a topic of study (i.e., show a brief clip of a volcanic eruption while learning about volcanoes) or for a student to share a special talent or ability (student's violin performance, ballet recital, etc.). This computer use is limited in duration (not to exceed 30 minutes) and is only used on occasion (not more than once a week). Watching movies, shows or playing any type of computer games are not part of CCM program at any time.

## **Sunscreen**

During the summer CCM has sunscreen available for the children. CCM asks that you apply sunscreen in the morning before school. CCM will re-apply in the afternoon, as needed. If your child is allergic to regular sunscreen, it is your responsibility to provide one that does not cause a reaction and to note the allergy on the **ATTACHED CHILD ALLERGY FORM**.

## **Animals in the Center**

CCM is required by law to let you know of animals in our program. Animals in the classroom can be a great learning experience for the children. The children will help with the feeding and care of the classroom pets. Please let us know if your child(ren) has any allergies to animals, so we can avoid any reactions on the **ATTACHED CHILD ALLERGY FORM**.

## **Tuition and Fees**

A \$100 materials fee will be billed to all students on the first tuition billing for the 2024-2025 school year or pro rata portion on first month of child enrollment. Material fee will be used to pay for classroom materials and consumable curriculum items, such as art supplies.

Each new enrollment at CCM in Eugene and Springfield shall pay a \$250 enrollment fee to secure an open space OR to be put on the waiting list. The enrollment fee will be held by CCM, and is refundable, only under the following conditions:

1. The student never begins at CCM AND CCM can fill the slot without losing tuition. For example, if the enrollment fee is intended for a fall start, and the family chooses not to start, CCM must be able to immediately fill the opening.
2. For wait list enrollment - request for enrollment fee refund after 90 days. Refund will forfeit place on wait list.

For your convenience, you may pick up your child fifteen minutes before or after scheduled pick-up time. After fifteen minutes, a late fee of \$15 will be charged. Each quarter hour thereafter will incur an additional \$15 late charge per child for a maximum of \$60 per child per hour.

Tuition is due by the 5th working day of every month. Late fee of \$25 assessed on the 7th day. If tuition is not paid by the 20th, your child may not be able to return until tuition is paid in full. These fees apply to parents receiving assistance from an external program (such as ERDC; EC Cares; CCM scholarship; etc.) if the parent has a co-payment.

All parents/guardians are required to have an ACH on file to process monthly tuition payments, copayments, late fees etc. **PLEASE FILL OUT THE ATTACHED ACH AUTHORIZATION FORM**. If you do not have a credit card or bank account for the ACH form, please notify your Site Director for alternate arrangements. **CCM DOES NOT CARRY CASH ONSITE**.

**Please note:** Credit is not given due to absence or delinquency. If tuition is not paid by the 20th of the month subsequent re-enrollment could entail payment of past due tuition, an additional \$250 enrollment fee, and is subject to space availability.

## **Scholarships**

Children's Choice Montessori may have scholarship funds available for families in need. The procedure for applying is as follows:

- A letter of request must be submitted to the Site Director with specific details regarding need, any family contributions (time, service, etc.) to the school, and the expected duration of scholarship assistance. Other resources such as ERDC must be denied before a scholarship will be considered.
- Scholarships will only be granted for periods of one (1) academic school year at a time.
- The Main Street Montessori Association Board of Directors will review Scholarship requests throughout the year during quarterly meetings.
- Scholarship letters for an upcoming school year must be received by the Director no later than June 30 of the academic year.

## **School Records**

Is it CCM policy that school records are not mailed. CCM will gladly provide parents/guardians with copies of school records upon request ***if the request is made while the child is attending Children's Choice Montessori***. Allow five working days for copies to be made. Copies of requested records will be held in the school Office for the parent/guardian for up to one month following the request. At the end of that time, unclaimed copies will be considered abandoned and will be destroyed.

If the request for records is received **after** your child is withdrawn from Children's Choice Montessori, there will be a \$10 charge for retrieving information from CCM archives.

## **Closing Time**

The school is scheduled to close at 6:00 PM. If for any reason a parent/guardian should be delayed, please call the school, and inform CCM that you will be late. A late charge of \$15 per child per quarter hour (\$60 per child per hour) is assessed and payable in accordance with the late fee stated under fees. Emergencies do arise, please communicate with your Site Director if this should arise. Otherwise, CCM request that parents be mindful that 6:00 PM is closing time.

## **Scheduled Hours and Schedule Changes**

We do not charge by the hour -- CCM rates are based upon class schedules agreed upon at the time of enrollment and availability. It is expected that children will be picked up at the scheduled time. If you need to change your child's enrolled schedule, please communicate with your Site Director immediately for availability and to ensure that the Site Director can accommodate in staff scheduling.

## **Emergency Evacuation**

In case of an evacuation **PLEASE FOLLOW THESE GUIDELINES** for the safety of your child and the ability for staff to give instructions as quickly as possible **TO ALL PARENTS/GUARDIANS.**

DO NOT COME TO THE SCHOOL OR CALL THE SCHOOL – Parents/guardians will receive a phone call/or group message from a CCM staff person of the evacuation location and how quickly you can pick up your child. There will also be an ALERT on the Children's Choice Montessori Facebook page.

**Children's Choice Montessori Eugene** will evacuate to the 1<sup>st</sup> location. If the 1<sup>st</sup> location is not available, the 2<sup>nd</sup> location will be utilized. The evacuation location **will be** provided when you are notified:

1. OSU Extension Office – 996 Jefferson Street.
2. Eugene Public Library – 100 W. 10<sup>th</sup> Avenue

**Children's Choice Montessori Springfield** will evacuate to the 1<sup>st</sup> location. If the 1<sup>st</sup> location is not available, the 2<sup>nd</sup> location will be utilized. The evacuation location **will be** provided when you are notified:

1. Northwest side of Fred Meyers – across the street from CCM – Springfield
2. Faith Center Church – 600 Hayden Bridge Road - Springfield

## **Other**

Children's Choice Montessori is obligated by the State of Oregon to report any suspected cases of child abuse and/or neglect. This would include children arriving or departing school without proper child safety restraints.

Children's Choice Montessori admits all children regardless of race, color, nationality, disability, or religious background.

CCM requests that any parental concerns be discussed with the Site Director or the Executive Director. Parents/guardians who are dissatisfied with the outcome of such discussion may contact the office of Child Care at 541-349- 4105. The Office of Child Care does not address tuition, billing or other financial issues.

We, at Children's Choice Montessori, are committed to assisting parents access resources in whatever format is most easily understood and accessible to CCM families.

***Please sign and return the attached form indicating that you have read and understand the terms of this Handbook.***

## **Acknowledgment Form**

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
have read and understand the Parent Handbook for Children's Choice Montessori.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return this form to the Site Director**

**EXECUTIVE DIRECTOR:**

Carla McQuillan

Carla@mainstreetmontessori.org

**DIRECTOR OF PROGRAMS/EUGENE SITE DIRECTOR:**

Sara Nibblett

Sara@mainstreetmontessori.org

**EUGENE LOCATION:**

708 W. 10th Avenue

Eugene, OR 97402

(541) 689-0001

**SPRINGFIELD SITE DIRECTOR:**

Katie Heidrick

Katieh@mainstreetmontessori.org

**SPRINGFIELD LOCATION:**

1942 5th Street

Springfield, OR 97477

(541) 726-9985

**ADMINISTRATION OFFICE:**

Admin@mainstreetmontessori.org

(541) 726-2654

# Child Enrollment Authorization

|  |                             |                |
|--|-----------------------------|----------------|
| Child's Name (Last, First)   |                             | Child Nickname |
| Date of Birth  | Date Entered Care           | Age at Entry   |
| <b>ALLERGY ALERT</b> Does your child have allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please fill out Allergy form   |                             |                |
| <b>Parent or Guardian Contact Information</b>  |                             |                |
| Name (First, Last)   |                             | Relationship   |
| Home Address (Street, City, Zip)   |                             |                |
| Home Phone   | Cell Phone                  | Email Address  |
| Employer and Work Hours  | Address (Street, City, Zip) | Work Phone     |
| Name (First, Last)   |                             | Relationship   |
| Home Address (Street, City, Zip)   |                             |                |
| Home Phone   | Cell Phone                  | Email Address  |
| Employer and Work Hours  | Address (Street, City, Zip) | Work Phone     |
| <b>Required Emergency Contact Information – person other than parent or guardian that is authorized to pick up child</b>   |                             |                |
| Name (First, Last)   | Phone                       | Relationship   |
| Name (First, Last)   | Phone                       | Relationship   |
| <b>Non-Emergency Contact Information – person other than parent or guardian that is authorized to pick up child</b>  |                             |                |
| Name (First, Last)   | Phone                       | Relationship   |
| Name (First, Last)   | Phone                       | Relationship   |
| <b>Medical/Dental Contact Information</b>  |                             |                |
| Insurance Provider and Policy Information (if applicable)  |                             |                |
| Primary Physician Name   |                             | Phone          |
| Dental Provider  |                             | Phone          |
| <b>Parent or Guardian Authorization</b>  |                             |                |
| Please list any restrictions to permission of the following:   |                             |                |
| My child may be photographed for publicity or news purposes <input type="checkbox"/> Yes <input type="checkbox"/> No   |                             |                |
| <b>In an emergency</b> , the child care facility has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible. |                             |                |
| Parent/Guardian Signature  |                             | Date           |

Has your child previously been in child care? **No** ☐ **Yes** ☐ If yes, what type of care and for how long?

Reason for requesting care

**Child General Information** – please include all information that will assist us in providing quality care for your child

Likes and dislikes

Eating habits and schedule

Toileting habits and schedules

Sleeping habits and Schedule

Play

Fears

How your child like does to be comforted when upset?

Child's home language

Special word and their meanings

Are there family cultural backgrounds, traditions, beliefs, or interests that you would like to share with us?

Does your child have any educational special needs (IFSP, etc.) **No** ☐ **Yes** ☐ If yes, List any health partners or providers you would like us to know about.

**Child Medical Information**

Does your child have special medical needs? **No** ☐ **Yes** ☐ If yes, List any health partners or providers you would like us to know about.

Does your child have allergies **No** ☐ **Yes** ☐ If, yes list below    Has your child had chicken pox **No** ☐ **Yes** ☐

**Other Children in the Home**

|                    |     |        |
|--------------------|-----|--------|
| Name (first, Last) | Age | Gender |
| Name (first, Last) | Age | Gender |
| Name (first, Last) | Age | Gender |
| Name (first, Last) | Age | Gender |



# Medical Authorization for Non-Prescribed Medications

All over the counter medications including topical substances shall be in the original container and labeled with the child's name. My child may be given non-prescribed medication. This may include the following:

Acetaminophen ☐ Yes ☐ No

Antibiotic cream ☐ Yes ☐ No

Antihistamine ☐ Yes ☐ No

Antiseptic wipes/gel ☐ Yes ☐ No

Baby Lotion ☐ Yes ☐ No

Baby Oil ☐ Yes ☐ No

Baby Powder ☐ Yes ☐ No

Cough Syrup ☐ Yes ☐ No

Diapering Ointment ☐ Yes ☐ No

Diaper Wipes ☐ Yes ☐ No

Hydrocortisone ☐ Yes ☐ No

Ibuprofen ☐ Yes ☐ No

Insect Repellent ☐ Yes ☐ No

Lip Balm ☐ Yes ☐ No

Rash Ointment/Cream ☐ Yes ☐ No

Saline Nose Drops ☐ Yes ☐ No

Shampoo ☐ Yes ☐ No

Sunburn Ointment ☐ Yes ☐ No

**Sunscreen** ☐ Yes ☐ No

Teething medications ☐ Yes ☐ No

Toothpaste ☐ Yes ☐ No

Petroleum Jelly ☐ Yes ☐ No

Other:

---



---



---



---



---



---

## Other

My child may participate in classroom parties/celebrations and other children's birthday celebrations ☐ Yes ☐ No

\_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
 DATE



# Allergy Care Plan

Date Received by Child Care:

## CHILD INFORMATION

Child's Full Name

Group/Classroom

## EMERGENCY CONTACTS

*\*The parent must be notified immediately of any suspected allergic reactions, or if the child came in contact with the allergen even if a reaction did not occur.*

Name

Relationship

Phone #

Name

Relationship

Phone #

Name

Relationship

Phone #

## CHILD'S ALLERGY INFORMATION

My child has a severe allergy to:

Describe signs and symptoms of an allergic reaction (including asthma, if applicable):

How to avoid the allergen and prevent an emergency:

## EMERGENCY RESPONSE PLAN

List the steps and procedures to follow during an emergency related to your child's allergy:

## MEDICATIONS\*

*Medication Authorization Form must be completed for each medication*

Describe symptoms that would prompt emergency medication to be given.

- ☐ Antihistamine
- ☐ Inhaler
- ☐ Epi-pen
- ☐ Other

List medication to be given during an emergency:

Name of Medication

Dosage

Directions

Expiration Date

*\*If epinephrine is administered, emergency medical services must be contacted immediately, and OCC within 5 days.*

## SIGNATURES

Parent or Guardian Signature

Date

Health Care Provider Signature (recommended)

Date

**2023-2024 CONFIDENTIAL INCOME STATEMENT – Child Care Centers/Family Day Care Providers****INSTRUCTIONS:**

- If your household received SNAP, TANF or FDPIR, complete parts 1-3, and 5; part 6 is optional.
  - If you do not receive these benefits and your income is below the guidelines (back) complete parts 1, 2, 4, and 5; part 6 is optional.
  - If you are applying for a FOSTER CHILD only, complete parts 1, 2, and 5; part 6 is optional.
- Any income fields left blank will be counted as zeros. Please be careful that you meant to leave income fields blank.*

**1 HOUSEHOLD INFORMATION**

Print name of person completing this application (Last name, First name)

Name Print

Mailing Address – Apt #

City State Zip

Home Phone or Cell Phone (Circle One)

Work Phone

➔ Number living in this household \_\_\_\_\_  
 (Write names of **all** household members on part 2 and/or part 4 of this form)

**2 CHILD INFORMATION – (Names of Your Children Enrolled in Child Care)**

Child's Name (Legal Last name, First name)

Birth Date

Age

Check if Foster Child  
 (placed by welfare agency or court) If only foster care child(ren) see instructions above

- |          |       |       |                          |
|----------|-------|-------|--------------------------|
| 1. _____ | _____ | _____ | <input type="checkbox"/> |
| 2. _____ | _____ | _____ | <input type="checkbox"/> |
| 3. _____ | _____ | _____ | <input type="checkbox"/> |

**3 PUBLIC BENEFITS** Indicate which **benefits** your household currently receives, and list case number, if any:

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

- ☐ SNAP (Supplemental Nutrition Assistance Program) (*Oregon Trail Card number not acceptable*)  
☐ TANF (Temporary Assistance to Needy Families) (*Employment Related Day Care does not qualify*)  
☐ FDPIR (Food Distribution on Indian Reservations)

**4 HOUSEHOLD MEMBERS & GROSS MONTHLY INCOME – if not monthly, see back for conversions**

| Column 1  | Column 2  | Column 3   | Column 4   | Column 5   | Column 6                 |
|---|---|--|--|--|--------------------------|
| List <b>all</b> household members, including children not attending school, and income. Do not include children listed in part 2, unless they receive regular income. (Last name, first name) | MONTHLY INCOME (Total earnings & wages before deductions) | MONTHLY CHILD SUPPORT, WELFARE, ALIMONY RECEIVED | MONTHLY PENSIONS, SOCIAL SEC., RETIREMENT, SSI, VA | OTHER MONTHLY INCOME -Including unemployment and workers comp. | Check if No Income       |
| 1. _____  | _____   | _____  | _____  | _____  | <input type="checkbox"/> |
| 2. _____  | _____   | _____  | _____  | _____  | <input type="checkbox"/> |
| 3. _____  | _____   | _____  | _____  | _____  | <input type="checkbox"/> |
| 4. _____  | _____   | _____  | _____  | _____  | <input type="checkbox"/> |
| 5. _____  | _____   | _____  | _____  | _____  | <input type="checkbox"/> |
| 6. _____  | _____   | _____  | _____  | _____  | <input type="checkbox"/> |
| 7. _____  | _____   | _____  | _____  | _____  | <input type="checkbox"/> |

**5 SIGNATURE, DATE and Last four numbers of SOCIAL SECURITY NUMBER (Adult must sign)**

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Signature of Adult Household Member

Date Signed

Social Security Number

☐ I do not have a Social Security Number.

X \_\_\_\_\_

Month/day/year

(See privacy statement on back)

XXX-XX - \_\_\_\_\_

**6 RACIAL OR ETHNIC GROUP (OPTIONAL)**

Mark one ethnic identity:

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian  
☐ American Indian & Alaskan Native  
☐ Native Hawaiian or Other Pacific Islander  
☐ Black or African American  
☐ White  
☐ Other

**SPONSOR USE ONLY - DO NOT WRITE BELOW THIS LINE**

Total Income: \_\_\_\_\_ Number in Household: \_\_\_\_\_

Centers

FDCH

Eligibility: ☐ Free ☐ Reduced Price ☐ Above Scale☐ Tier 1 ☐ Tier 2Eligibility based on: ☐ SNAP ☐ TANF ☐ FDPIR ☐ Household Income ☐ Foster Child

Notes: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Second Check Signature: \_\_\_\_\_ Date \_\_\_\_\_

# Child and Adult Care Food Program CHILD ENROLLMENT FORM

Child Care Centers/Head Start Programs

\_\_\_\_\_  
CACFP Sponsor Name/Site Name

## TO BE COMPLETED BY PARENT/GUARDIAN ONLY

The CACFP reimburses centers for serving nutritious, well-balanced meals and snacks to children in care. Complete the following chart for all children in care. Sign, date, and return to the center. Use additional forms, as needed. Parents/guardians of all infants must complete the Infant Formula Selection section.

| Children's Names | Normal Hours in Care   |   | Normal Meals and Normal Days in Care  |
|------------------|--|---|---|
|                  | Enter the <u>time</u><br>your child<br>usually <i>arrives</i><br>each day. | Enter the <u>time</u><br>your child<br>usually <i>leaves</i><br>each day. |   |
| Last:            |  |   | <b>Normal Meals While In Care</b><br>Breakfast AM Snack Lunch PM Snack Supper Eve Snack<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| First            | Time<br><input type="checkbox"/> AM <input type="checkbox"/> PM            | Time<br><input type="checkbox"/> AM <input type="checkbox"/> PM           | <b>Normal Days of the Week in Attendance</b><br>Mon Tue Wed Thu Fri Sat Sun<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>             |
| Last             |  |   | <b>Normal Meals While In Care</b><br>Breakfast AM Snack Lunch PM Snack Supper Eve Snack<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| First            | Time<br><input type="checkbox"/> AM <input type="checkbox"/> PM            | Time<br><input type="checkbox"/> AM <input type="checkbox"/> PM           | <b>Normal Days of the Week in Attendance</b><br>Mon Tue Wed Thu Fri Sat Sun<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>             |
| Last             |  |   | <b>Normal Meals While In Care</b><br>Breakfast AM Snack Lunch PM Snack Supper Eve Snack<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| First            | Time<br><input type="checkbox"/> AM <input type="checkbox"/> PM            | Time<br><input type="checkbox"/> AM <input type="checkbox"/> PM           | <b>Normal Days of the Week in Attendance</b><br>Mon Tue Wed Thu Fri Sat Sun<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>             |
| Last             |  |   | <b>Normal Meals While In Care</b><br>Breakfast AM Snack Lunch PM Snack Supper Eve Snack<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| First            | Time<br><input type="checkbox"/> AM <input type="checkbox"/> PM            | Time<br><input type="checkbox"/> AM <input type="checkbox"/> PM           | <b>Normal Days of the Week in Attendance</b><br>Mon Tue Wed Thu Fri Sat Sun<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>             |

Parent/Guardian Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### INFANT FORMULA SELECTION: Complete if any child listed above is an infant under one year of age

This center provides \_\_\_\_\_ (list brand) iron fortified infant formula.

- Check one: ☐ I accept the center provided formula  
☐ I decline the center provided formula

I understand that by declining the center provided formula, I agree to provide breast milk or formula for my child.  
 If I provide formula it must be on the approved formula list for the center to be reimbursed for the meal.

|   |  |      |
|---|--|------|
| <b><u>Updates:</u></b><br>(annual at a minimum) | The parent/guardian signing this form certifies that the enrollment information is correct. If information has changed, the parent/guardian has written the appropriate changes on the form and initialed the change.<br><i>If there are many changes, please complete a new form.</i> |      |
| First Update                                    | Parent/Guardian Signature  | Date |
| Second Update                                   | Parent/Guardian Signature  | Date |
| Third Update                                    | Parent/Guardian Signature  | Date |
| Fourth Update                                   | Parent/Guardian Signature  | Date |

## DETERMINING MONTHLY INCOME FOR EARNINGS & WAGES

**Monthly income** for all household members must be reported in Section 4 of this application. Income means any money regularly received from work, child support, alimony, pensions, retirements, social security or any other source. Exclude student/school loans. Money received from a business or farm owned by you should be reported as "net income". *Net Income is defined as the total income left after business and farm operating expenses are subtracted from gross receipts.*

Homeless, migrant and runaway youth are categorically eligible for free meals.

Household members who are not paid monthly should change earnings into monthly income by doing the following:

**Household members who are paid every week:** Multiply total earnings and wages for one pay period, before deductions, by 52. Then divide by 12. The resulting amount is the total monthly income.

**Household members who are paid every 2 weeks:** Multiply total earnings and wages for one pay period, before deductions, by 26. Then divide by 12. The resulting amount is the total monthly income.

**Household members who are paid twice a month:** Multiply total earnings and wages for one pay period, before deductions, by 24 then divide by 12. The resulting amount is the total monthly income.

**Household members who are seasonal workers or work less than 12 months:** Project annual rate of income to accurately represent actual circumstances then divide by 12. The resulting amount is the projected monthly income.

## FEDERAL INCOME GUIDELINES

Participants may qualify at least for reduced price meals if your household income falls within the limits of this chart.

| Household Size                        | Reduced Price Meals |         |                 |                 |        |
|---------------------------------------|---------------------|---------|-----------------|-----------------|--------|
|                                       | Annual              | Monthly | Twice Per Month | Every Two Weeks | Weekly |
| -1-                                   | 26,973              | 2,248   | 1,124           | 1,038           | 519    |
| -2-                                   | 36,482              | 3,041   | 1,521           | 1,404           | 702    |
| -3-                                   | 45,991              | 3,883   | 1,917           | 1,769           | 885    |
| -4-                                   | 55,500              | 4,625   | 2,313           | 2,135           | 1,068  |
| -5-                                   | 65,009              | 5,418   | 2,709           | 2,501           | 1,251  |
| -6-                                   | 74,518              | 6,210   | 3,105           | 2,867           | 1,434  |
| -7-                                   | 84,027              | 7,003   | 3,502           | 3,232           | 1,616  |
| -8-                                   | 93,536              | 7,795   | 3,898           | 3,598           | 1,799  |
| For each additional family member add | 9,509               | 793     | 397             | 366             | 183    |

## PRIVACY STATEMENT - SOCIAL SECURITY NUMBERS and OTHER INFORMATION

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information but if you do not, we cannot approve your child for free or reduced price meals. You must include the last 4 digits of the social security number of the adult household member who signs the application. The last 4 digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program case number or Food Distribution Program on Indian Reservations (FDPIR) identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the lunch and breakfast programs. We **may** share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them look into violations of program rules. We may share the information on this form with Medicaid, unless you tell us not to. The information, if disclosed, will only be used to identify eligible participants and seek to enroll them in Medicaid.

## NON-DISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1. **mail:** U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or **fax:** (833) 256-1665 or (202) 690-7442; or **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.



**Administrative Contact Number**

**(541) 726 - 2654**

[www.Mainstreetmontessori.org](http://www.Mainstreetmontessori.org)

### **Recurring Payment Authorization Form**

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. Upon request a receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

#### **Please complete the information below:**

I \_\_\_\_\_ authorize Children's Choice Montessori to charge

(full name)

my credit card or checking/savings account indicated below for \_\_\_\_\_ on the \_\_\_\_\_  
(Amount) (day or date)

of each month for payment of my child's \_\_\_\_\_ tuition.

(full name)

Billing Address \_\_\_\_\_

Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

#### **Checking / Savings Account**

Checking Savings

Name on Acct \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

#### **Credit Card**

Visa Master Card

Amex Discover

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_, Security Code \_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Children's Choice Montessori in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Children's Choice Montessori may at its discretion attempt to process the charge again within 30 days and agree to an additional \$35 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.



## 2024 - 2025 School Calendar

| September |     |     |     |     |     |     |
|-----------|-----|-----|-----|-----|-----|-----|
| SUN       | MON | TUE | WED | THU | FRI | SAT |
| 1         | H   | X   | F   | 5   | 6   | 7   |
| 8         | 9   | 10  | 11  | 12  | 13  | 14  |
| 15        | 16  | 17  | 18  | 19  | 20  | 21  |
| 22        | 23  | 24  | 25  | 26  | 27  | 28  |
| 29        | 30  |     |     |     |     |     |

| October |     |     |     |     |     |     |
|---------|-----|-----|-----|-----|-----|-----|
| SUN     | MON | TUE | WED | THU | FRI | SAT |
|         |     | 1   | 2   | 3   | 4   | 5   |
| 6       | 7   | 8   | 9   | 10  | X   | 12  |
| 13      | 14  | 15  | 16  | 17  | 18  | 19  |
| 20      | 21  | 22  | 23  | 24  | 25  | 26  |
| 27      | 28  | 29  | 30  | 31  |     |     |

| November |     |     |     |     |     |     |
|----------|-----|-----|-----|-----|-----|-----|
| SUN      | MON | TUE | WED | THU | FRI | SAT |
|          |     |     |     |     | 1   | 2   |
| 3        | 4   | 5   | 6   | 7   | 8   | 9   |
| 10       | H   | 12  | 13  | 14  | 15  | 16  |
| 17       | 18  | 19  | 20  | 21  | 22  | 23  |
| 24       | 25  | 26  | 27  | H   | X   | 30  |

| December |     |     |     |     |     |     |
|----------|-----|-----|-----|-----|-----|-----|
| SUN      | MON | TUE | WED | THU | FRI | SAT |
| 1        | 2   | 3   | 4   | 5   | 6   | 7   |
| 8        | 9   | 10  | 11  | 12  | 13  | 14  |
| 15       | 16  | 17  | 18  | 19  | 20  | 21  |
| 22       | X   | X   | X   | D   | D   | 28  |
| 29       | X   | X   |     |     |     |     |

| January |     |     |     |     |     |     |
|---------|-----|-----|-----|-----|-----|-----|
| SUN     | MON | TUE | WED | THU | FRI | SAT |
|         |     | X   | D   | D   | 4   |     |
| 5       | 6   | 7   | 8   | 9   | 10  | 11  |
| 12      | 13  | 14  | 15  | 16  | 17  | 18  |
| 19      | H   | 21  | 22  | 23  | 24  | 25  |
| 26      | 27  | 28  | 29  | 30  | 31  |     |

| February |     |     |     |     |     |     |
|----------|-----|-----|-----|-----|-----|-----|
| SUN      | MON | TUE | WED | THU | FRI | SAT |
|          |     |     |     |     |     | 1   |
| 2        | 3   | 4   | 5   | 6   | 7   | 8   |
| 9        | 10  | 11  | 12  | 13  | 14  | 15  |
| 16       | H   | 18  | 19  | 20  | 21  | 22  |
| 23       | 24  | 25  | 26  | 27  | 28  |     |

| March |     |     |     |     |     |     |
|-------|-----|-----|-----|-----|-----|-----|
| SUN   | MON | TUE | WED | THU | FRI | SAT |
|       |     |     |     |     |     | 1   |
| 2     | 3   | 4   | 5   | 6   | 7   | 8   |
| 9     | 10  | 11  | 12  | 13  | 14  | 15  |
| 16    | 17  | 18  | 19  | 20  | 21  | 22  |
| 23    | D   | D   | D   | D   | D   | 29  |
| 30    | 31  |     |     |     |     |     |

| April |     |     |     |     |     |     |
|-------|-----|-----|-----|-----|-----|-----|
| SUN   | MON | TUE | WED | THU | FRI | SAT |
|       |     | 1   | 2   | 3   | 4   | 5   |
| 6     | 7   | 8   | 9   | 10  | 11  | 12  |
| 13    | 14  | 15  | 16  | 17  | 18  | 19  |
| 20    | 21  | 22  | 23  | 24  | 25  | 26  |
| 27    | 28  | 29  | 30  |     |     |     |

| May |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|
| SUN | MON | TUE | WED | THU | FRI | SAT |
|     |     |     |     | 1   | 2   | 3   |
| 4   | 5   | 6   | 7   | 8   | 9   | 10  |
| 11  | 12  | 13  | 14  | 15  | 16  | 17  |
| 18  | 19  | 20  | 21  | 22  | 23  | 24  |
| 25  | H   | 27  | 28  | 29  | 30  | 31  |

| June |     |     |     |     |     |     |
|------|-----|-----|-----|-----|-----|-----|
| SUN  | MON | TUE | WED | THU | FRI | SAT |
| 1    | 2   | 3   | 4   | 5   | 6   | 7   |
| 8    | 9   | 10  | 11  | L   | X   | 14  |
| 15   | X   | F   | 18  | H   | 20  | 21  |
| 22   | 23  | 24  | 25  | 26  | 27  | 28  |
| 29   | 30  |     |     |     |     |     |

| July |     |     |     |     |     |     |
|------|-----|-----|-----|-----|-----|-----|
| SUN  | MON | TUE | WED | THU | FRI | SAT |
|      | 1   | 2   | X   | H   | 5   |     |
| 6    | 7   | 8   | 9   | 10  | 11  | 12  |
| 13   | 14  | 15  | 16  | 17  | 18  | 19  |
| 20   | 21  | 22  | 23  | 24  | 25  | 26  |
| 27   | 28  | 29  | 30  | 31  |     |     |

| August |     |     |     |     |     |     |
|--------|-----|-----|-----|-----|-----|-----|
| SUN    | MON | TUE | WED | THU | FRI | SAT |
|        |     |     |     |     | 1   | 2   |
| 3      | 4   | 5   | 6   | 7   | 8   | 9   |
| 10     | 11  | 12  | 13  | 14  | 15  | 16  |
| 17     | 18  | 19  | 20  | 21  | 22  | 23  |
| 24     | 25  | 26  | L   | X   | X   | 30  |

9/2 - NO SCHOOL  
 9/3 - NO SCHOOL  
 9/4 - FIRST DAY OF SCHOOL  
 10/11 - NO SCHOOL  
 11/11 - NO SCHOOL  
 11/28 - NO SCHOOL  
 11/29 - NO SCHOOL  
 12/23 - NO SCHOOL  
 12/24 - NO SCHOOL  
 12/25 - NO SCHOOL  
 12/26 - DAYCARE DAY  
 12/27 - DAYCARE DAY  
 12/30 - NO SCHOOL  
 12/31 - NO SCHOOL  
 1/1 - NO SCHOOL  
 1/2 - DAYCARE DAY  
 1/3 - DAYCARE DAY  
 1/20 - NO SCHOOL  
 2/17 - NO SCHOOL  
 3/24 - 3/28 - DAYCARE DAYS  
 5/26 - NO SCHOOL  
 6/12 - LAST DAY OF SCHOOL  
 6/13 - NO SCHOOL  
 6/16 - NO SCHOOL  
 6/17 - FIRST DAY OF SUMMER SESSION  
 6/19 - NO SCHOOL  
 7/4 - NO SCHOOL  
 7/5 - NO SCHOOL  
 8/27 - LAST DAY OF SUMMER SESSION  
 8/28 - NO SCHOOL  
 8/29 - NO SCHOOL

Key:  
 F = First Day  
 of School  
 L = Last Day of  
 School  
 D = Daycare  
 Day  
 H = Holiday  
 X= Closed for  
 Inservice or  
 for other  
 purposes