



Central Arkansas Montessori

SUMMER PROGRAM 2023

“Come Learn With Us!”



900 Mission Rd. North Little Rock, 72118

SUMMER CARE DATES

Summer Care will begin on Monday, June 5th.

There will be no Summer Care on Tuesday, July 4th in observance of July 4th.

The last day of Summer Care will be Friday, August 4th.

TUITION AND FEES

There is a \$40.00 non-refundable registration fee.

FULL TIME \$650.00 PER MONTH (JUNE & July)

\$120.00 (August)

DROP-IN \$35.00 PER DAY due at time of drop off

We are not offering part-time schedules.

Payment is due on the 1st of the month. There will be a \$75.00 late fee assessed for payments received after Friday the 3rd of the month. If payment is not received by the 3rd of the month, your child will not be able to attend the summer program until payment is received in full.

*** THE MONTESSORI METHOD WILL BE CARRIED OUT IN THE SUMMER PROGRAM THE SAME WAY IT IS IN THE SCHOOL YEAR. THE SAME RULES AND DISCIPLINE POLICIES THAT APPLY IN THE SCHOOL YEAR WILL APPLY IN SUMMER CARE PROGRAM. THIS IS ONE OF KINDNESS AND RESPECT TOWARDS OTHERS; TEACHERS AS WELL AS PEERS.

LUNCH

You will need to pack your child a healthy and well-balanced lunch each day. DHS guidelines state that a child's lunch must meet the current U.S. Department of Agriculture guidelines. This includes a protein, vegetable and/or fruit (two or more servings), and a grain.

Snacks will be provided twice a day, in the AM and in the afternoon.

WHAT TO BRING

- Each family must supply sunscreen to be kept at school to use when we are outside. This should be clearly labeled with child's name on it.*
- If your child will be taking naps (3-year old's) you will need to bring a blanket and small pillow to leave at school. These items will be sent home every Friday to be washed over the weekend. The blanket and pillow will need to be returned to school each Monday.*
- You will need to turn in a copy of your child's current immunization records when you turn in your application and \$40.00 registration fee.*
- Children should be dressed in clothing that will accommodate all kinds of play and sensorial experiences. We also ask that you provide your child with a full change of clothing to be kept at the school. This should be in a small storage container that is clearly labeled with your child's name.*

WITHDRAW

A two weeks written notice is required should you choose to withdraw your child from the summer program. You will be charged for these two weeks whether your child attends or not.

DROP-OFF AND PICK-UP

- If someone other than a parent will be picking up a child, we MUST have written notification. In addition, the responsible party will need to have a picture I D upon request.*
- The doors of the school will open at 7:30 a.m. We ask that your child arrive at school no later than 8:30 a.m. every day.*
- Pick-up time is no later than 5:30 p.m. A late fee of \$1.00 per minute will be charged for anyone picked up after 5:30 p.m. This fee will be due at the time of pick-up.*

CENTRAL ARKANSAS MONTESSORI

SUMMER CARE

900 MISSION RD

NORTH LITTLE ROCK, AR. 72118

501-352-6712

Days Attending:

____ Full Time

____ Drop-In

Childs Name _____ D.O.B. _____

Address: _____

Mothers Name: _____ Phone # _____

Work #: _____ Work Hours: _____

Fathers Name: _____ Phone #: _____

Work #: _____ Work Hours: _____

EMERGENCY INFORMATION

Does your child have any medical issues (allergies, medication he/she is on, health concerns)?

In the event you cannot be reached, please provide two alternate names and contact information. Those listed will be considered authorized to pick up your child if you are unable to do so. If any information changes, please let us know so that we may keep our files current.

1. Name _____ 2. Name _____

Address _____ Address _____

Phone # _____ Phone # _____

Childs Physician Name: _____

Phone # _____ Address: _____

Hospital Preference: _____

In the event of an emergency, I hereby give consent for medical transport and treatment of my child, for which I will be held wholly responsible. I further agree to not hold Central Arkansas Montessori School or its staff responsible for any loss pertaining to an accident in which my child is involved.

Parent/Guardian Signature

Date

*AUTHORIZED PERSONS TO PICK UP
YOUR CHILD FROM SCHOOL*

Name: _____ *Phone #* _____

Name: _____ *Phone #* _____

Name: _____ *Phone #* _____