



Muslim Children's Garden

225 Tilton Ave, San Mateo, CA 94401

Phone # (650) 572-0222

Financial Agreement 2011-12

TO be completed for each family and submitted at the time registration

Parent's Name: _____
Last First

Street Address: _____

Phone: _____
Home Father's Work Mother's Work

Students Name & Grades: _____

Grades	Tuition	Number of Students	Monthly Installment Calculation
Kindergarten	\$595.00		
		Subtotal	\$
	Sibling Discount	(Less 10 %)	
		Total	\$

Terms And conditions of Agreement:

1. Full payments of fees are required for the acceptance of students. In addition to the tuition above, the following apply:

- Application fee of \$50.00(non-refundable) for all new and continuing students.
- Materials fee of \$150.00 (non-refundable)
- Fundraising \$100.00 (Jan 15) (non-refundable)
- Annual tuition post-dated checks for the entire year's tuition. Tuition checks are to be dated as follows:
- August. 1, Sept. 1, Oct. 1, Nov. 1, Dec. 1, Jan. 1, Feb. 1, Mar. 1, Apr. 1, May. 1.
- Submit two volunteer Deposit Checks in the amount of \$50.00 each, dated Jan 1, 2012 and June 1, 2012. (refunded if 20 hours of volunteer work for the school are certified and submitted)
- Snack check is required for the amount of \$200.00(\$20 x 10).
- Other incidental fees during the school year for special in-class or field trips, as required.

2.The full yearly tuition is due at registration time. Monthly payments are allowed only as a convenience to parents and to facilitate payments. Therefore, tuition is due in full regardless of whether school is in session for the whole month or not. Abuse of this system and failure to maintain timely payments will result in dismissal of students from Muslim Children's Garden. In case of early withdrawal **only 90% of the remaining tuition is refundable.** **No refunds will be issued after Feb.1 2012.**

3. A \$35 fee will be charged for returned checks after which payments will be required by certified check or money order.

4. MCG reserves the right to dismiss any student for whom we determine we can't meet his/her individual needs.

5. MCG reserves the right to refuse services if the terms and conditions of this Agreement are disputed or violated.

6. MCG reserves the right to make changes in the fees and programs offered without prior notice.

7. If your child is picked up late after the conclusion of the program in which he/she is enrolled, there is a charge of \$5 for the first 15 minutes, then \$5 for each subsequent five minutes.

We, the undersigned, have read and understood the above conditions and agree to abide by them.

Father's Signature: _____

Mother's Signature: _____

Date: _____

MCG IMMUNIZATION REQUIREMENTS

Dear Parents,

Muslim Children's Garden requires that students entering grades Pre-K to K fulfill the following requirements. Also read carefully the Guide to the requirements of the California School Immunization Law for grade K. Please make sure your child has completed all required immunizations.

PK

1. TB test (if requested by the doctor)
2. Immunization as per the Recommended Childhood Immunization Schedule
3. Birth Certificate

KINDERGARTEN

1. TB test (PPD Mantoux) (The skin test must have been completed within 18 months prior to entering Kindergarten)
2. Immunization as per requirements for K
3. 3 doses of Hepatitis B
4. 2 doses of MMR
5. One dose of varicella or varicella (chicken pox) disease history documented by physician
6. A physical exam.
7. Birth Certificate

MCG Student Emergency Information

Student Information

Last name: _____ First name: _____

Sex: Male ----- Female ----- Date of Birth: ----- Lives with
Parents ----- Father only -----
Mother only ----- Other -----

Home Information

Home Address: _____

Home Phone: _____

1ST language spoken at home: _____ 2nd Language: _____

Parent Information

Father's last name: _____ First name: _____

Mother's Last name: _____ First name: _____

Father's Work Information

Company name: _____ Work Phone: _____

Work address: _____

Mother's Work Information

Company name: _____ Work Phone: _____

Work address: _____

Emergency Contacts (other than parents)

	Name	Relation to child	Daytime Phone
1-	_____	_____	_____
2-	_____	_____	_____
3-	_____	_____	_____

List names of persons (including parents') authorized to sign child out of the school

1 _____ 3 _____

2 _____ 4 _____

Medical Providers

Physician name: _____ Dentist name: _____

Physician phone: _____ Dentist Phone: _____

Medical Conditions

Check each condition the student has explain in the "Medical Comments" section following.

----- On medication? ___ Limited activity? ___ Allergy bee sting? ___ Vision problem
___ Diabetes? ___ Heart problem? ___ Hearing problem? ___ Seizure disorder?
___ Allergy other? ___ Contact lens? ___ Asthma?

Medical comments: -----

Medical emergency policy: Minor first aid will be administered by MCG staff. Parents and emergency contacts will be called for injuries/illness beyond our ability to handle. "911" will be called to assist in the event of serious illness or injury. The MCG emergency policy is in effect for all students. Your child's attendance in the school signifies your acceptance of this policy.

Signature:----- Date: -----