



# Muslim Children's Garden

225 Tilton Ave, San Mateo, CA 94401

Phone # (650) 572-0222

## Financial Agreement 2010-11

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	\$575.00		
		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, 2011 and June 1, 2011. (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 2011.**

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

### **KIDERGARTEN**

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 2010-11

## 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: \_\_\_\_\_

1<sup>ST</sup> language spoken at home: \_\_\_\_\_ 2<sup>nd</sup> 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: -----