

MBMA Summer Program

Presents

Farm Life



LA CASITA

Ages 2-3

June 24 – August 9, 2024

2640 Soderblom Ave.
San Diego, CA 92122
858-457-5895

www.mbmacademy.com
cjewell@mbmacademy.com

Farm Life

Our Montessori Program...

Is enriched with exercises in art, geography, music, small groups and water play. We work hard throughout the year, including summer, to provide consistency and creativity in keeping with the children's inquiring minds.

Farm Life...

What is a farm and how does it work? Learn about the important jobs that farmers and their families have to help our communities.

Learn & Discover...

What would it be like to live on a farm? Where does all the food in the grocery store come from? How do families work together to take care of the animals? Learn the answers through songs, crafts, books and special activities that supplement our Montessori curriculum.

New Beginnings

Summer is a great opportunity to acclimate to a new environment. We also look forward to meeting new friends.

Splash Days

Every Friday (weather permitting) is splash day. Children will play in the sprinklers and wading pools. What fun!

What you need to know:

FIRST DAY SUPPLIES:

On the first day of attendance, please bring:

- 24 reclosable pull-ups (not diapers), wipes, and diaper cream, if necessary (Dr.'s note required). Please label everything.
- We ask that you restock pull-ups each Monday. Teachers will send home a notice on Friday to notify you of supplies that they need.
- Emergency Bag: One full change of clothes, nut-free energy bar, and family photo in a labeled gallon zip-lock bag. This bag will be tucked away in the classroom as part of our disaster preparedness plan.
- Two full extra changes of clothes (including shirt, shorts/pants, socks and underwear, if wearing). Label everything, and place in a labeled gallon zip-lock bag.
- A fitted crib sheet (no jersey type material), and an infant sized, light blanket in a bag. Specific nap-bags are required, and will be available to purchase the first week of school for \$15. (These items are only necessary if Full Day)

Please keep in mind:

- You can help us promote a peaceful, nonviolent atmosphere by not choosing clothes or school supplies with Superheroes, Pokeman, Star Wars, and the like.
- Consider independence as you choose school clothes. Pick pants that are easy to pull up and down, and please, no belts or tie shoes. Be prepared to play and possibly, get dirty!
- Backpacks and rolling bags are helpful since the children will bring their own belongings from the gate to their classroom.

ARRIVING:

- Please arrive using the back parking lot.
- Please arrive before 8:45 a.m. to allow your child to be a part of the daily routine.
- Please be sure to hold your child's hand in our parking lot at all times.
- Sign your child in at the computers.
- Teachers will greet your child at the gate.
- Say good-bye at the gate. The child will be escorted to their classroom.

SEPARATION ANXIETY:

- Difficulty separating from Mom and Dad is developmentally appropriate at this age. You can help your child by confidently and quickly saying goodbye, and that you will return after he/she has had a fun day at school.
- Allow your child to walk in, rather than carrying them. Also, they will enjoy carrying their own belongings and putting them away. This will help with separation and encourage the Montessori value of independence.
- We have found that "sneaking out" is not a good long-term strategy.
- Your teachers are used to children having difficult goodbyes, and will be in touch if the child has an extreme reaction. Otherwise, please do not be too alarmed, and be patient during the first few weeks.

TARDINESS:

- Your child will benefit from a consistent arrival time that allows them to be a part of the class routine.
- School begins at 9:00 a.m. Please be sure that your child has put their belongings away and has been signed in by this time.
- If you arrive after 8:45 am you must come to the office to sign in.

SNACK:

- Please provide TWO healthy snacks each day, one for the morning and one for the afternoon. Please label or color code so that your child does not eat these with their lunch. Please provide one additional snack if your child will stay past 4:00 pm.

LUNCH:

- Choose a small and manageable sized lunchbox.
- We recommend an insulated lunch box with an ice pack, and reusable containers. Label everything.
- Enclose a cloth placemat each day, packed on the top of the lunchbox.
- Pack food that can be eaten independently, and does not require heating.
- Please do NOT pack ANY nuts.
- You may rather purchase a prepared lunch from Ki's Natural Lunches at www.kis.naturallunches.com.

HALF DAYS:

- **Half Day pick-up time is 12:30 p.m.**
- Please be prompt and mindful that the full-day children are preparing for their nap.
- If your child is not picked up by 12:30 p.m., they will be brought in the office to wait, and a \$25 late fee will be assessed.
- You may change to full day at any time.

NAPPING:

- The children will be resting from 12:30 - 2:30 p.m. every day.
- Please bring only a fitted crib sheet and a light blanket. No pillows, please.
- Blanket bags are available for purchase for \$15.
- Please avoid bringing "loveys" and toys to school. These items may be lost, damaged, or pined after by other children, and frequently cause disagreements. Please encourage your child to leave the treasured object in the car or at home.
- We find it is a perfect time to end a pacifier habit. Please see us with concerns.

DEPARTING:

- Please sign your child out on the computer each day.
- Your child will be brought to the gate when you arrive.
- Be prepared to show your ID to verify authorized pick-ups.

ALLERGIES:

- If your child has a food allergy, please notify the office ASAP in order to prepare an allergy action plan and submit any required medication.

MEDICATION:

- All medication needs to be signed in on the Medicine Log and deposited through the front office. Cold/cough formulas are not allowed at school.
- Prescribed medications need to be brought in the original packaging and labeled clearly with the child's name.
- Please notify your child's teacher if you have brought medicine into the office that day.
- Sunscreen is considered a medication. A signed form is required to have sunscreen left at school.

TOILET TRAINING:

- We understand that toilet training is a partnership between parents, teachers, and children. For the first four to six weeks of school, we want to meet your child where he or she is at in their toilet learning process, and avoid the added pressure of toilet training in a new environment. Therefore, we will continue your current routine: full-time or part-time pull-ups, or underwear.
- After the initial adjustment period, we will begin toilet learning plans with those who show interest and readiness. These agreements will be shared with you, so that we can consistently support the child at home and at school. When your child is ready, you will begin the process at home over a weekend.

BIRTHDAYS:

- We keep the Montessori tradition of sharing a picture timeline of your child on their birthday.
- On that day, your child may also bring a special snack to share, and must adhere to the same nutritional guidelines used for all snacks. **No cakes, cupcakes, etc, please.**
- **This special snack must be pre-packaged and individually wrapped.**
- **PLEASE, follow these guidelines.** We often celebrate several birthdays each month, and want to teach our children healthy habits.

TEACHER COMMUNICATION:

- We love to talk with you, but please respect that we are carefully supervising children while we are on the playground. It is not possible to have in-depth conversations at this time.
- Please email us if you have concerns and would like to set an appointment for one of our prep times.

MBMA LA CASITA 2024 Summer Enrollment

Child's Name _____ DOB _____

Select your weeks Minimum of FOUR weeks required	Select your program	Extended Care
		\$30/Day or \$100/Week (Circle Days Needed)
<input type="checkbox"/> Week 1 June 24 – 28	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	M T W Th F
<input type="checkbox"/> Week 2 July 1 - 5 (closed Thursday, July 4)	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	M T W Th F
<input type="checkbox"/> Week 3 July 8 - 12	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	M T W Th F
<input type="checkbox"/> Week 4 July 15 - 19	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	M T W Th F
<input type="checkbox"/> Week 5 July 22 - 26	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	M T W Th F
<input type="checkbox"/> Week 6 July 29 - August 2	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	M T W Th F
<input type="checkbox"/> Week 7 August 5 - 9	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	M T W Th F

Camp Day: 8:00 a.m. – 4:00 p.m. • Class Time: 9:00 a.m. – 3:00 p.m. • Extended Care 4:00 – 6:00 p.m.

Please sign up for a minimum of FOUR weeks

RATES

TUITION:

When paid on or before by May 1st

\$470 - full day week
\$395 - Half Day week

When paid after May 1st

\$480 - full day week
\$405 – Half Day week

REGISTRATION FEE:

\$75 per student

Waived for the first 50 to register by 4/1

EXTENDED CARE FEES:

For coverage 4:00 – 6:00 p.m.

Paid in advance with tuition

Day - \$30 Week - \$100

\$40 per day for unplanned care

Registration Fees and Tuition are due at the time of enrollment.

All payments are non-refundable/non-transferable.

We accept Cash, Check, Debit & Credit Cards (Visa & MasterCard only)

Enrollment Incentives:

- **ENROLL AND PAY BY APRIL 1st:** Registration Fee waived (first 50) and pay lower weekly rate.
- **ENROLL AND PAY BY MAY 1st:** Pay lower weekly rate.

Payment Policy:

- AFTER May 1st: Registration **MUST** be submitted by the Monday prior to first week attending.
- Tuition can **ONLY** be applied to a different week of summer school. Adjustments of weeks will result in a \$25 processing charge.
- Registration fee and tuition are non-refundable/non-transferable.
- Summer payments cannot be applied to fall tuition.
- Checks made payable to MBMA. We accept Debit & Credit Cards: Visa & MasterCard only. \$40 fee for NSF.
- There will be **NO REFUNDS**.

MBMA reserves the right to terminate this agreement if a) The program does not meet the needs of the child, b) Individuals do not follow school policies, c) Lack of parent’s cooperation, d) Financial obligations are not met.

Required at Enrollment:

- Summer Camp Registration (with signed waivers on the reverse side)
- Summer Camp Enrollment (with signature below)
- Registration Fee (Waived for the first 50 to enroll by April 1st)
- Payment for selected weeks.

I understand and accept the payment terms as listed above.

Parent/Guardian Signature

Date

Office Use Only:
Date Received _____
Payment _____
Pmt Method _____

MBMA

Summer Camp Registration

2640 Soderblom Ave.
San Diego, CA 92122
858-457-5895

Child's Information

Date received: _____

Child's Name				
Birthdate	School	Grade	Age	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Home Address				
City/State/Zip			Home Phone	
Mother/Parent/Guardian			Cell Phone	
email			Work Phone	
Father/Parent/Guardian			Cell Phone	
email			Work Phone	
Child Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____				
Child's Primary Language <input type="checkbox"/> English <input type="checkbox"/> Other _____				

Child Release Authorization/Emergency Contact Information

Persons authorized to pick up child from our facility:

Name	Relationship	Phone	Emergency Y/N
1.			
2.			
3.			

HEALTH HISTORY

Is the child currently taking medication? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Medications administered during camp require a completed MEDICATION RELEASE FORM					
List any conditions requiring special consideration, accommodations or restrictions while at camp:					
List and past medical treatment that may affect participation in camp:					
List any activities from which the camper should be exempted for health reasons:					
ALLERGIES/DIETARY RESTRICTIONS <small>(Check all that apply)</small>			CONDITIONS REQUIRING CONSIDERATION <small>(Check all the apply)</small>		
<input type="checkbox"/> Peanuts	<input type="checkbox"/> Gluten	<input type="checkbox"/> Egg	<input type="checkbox"/> ADHD	<input type="checkbox"/> Asthma	<input type="checkbox"/> Seizures
<input type="checkbox"/> Insect Sting	<input type="checkbox"/> Dairy	<input type="checkbox"/> Other _____	<input type="checkbox"/> Wears Glasses	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

CHILD MEDICAL INFORMATION

Name of Health Insurance Company	Policy Number
Physician's Name	Dentist's Name
Physician's phone number	Dentist's phone number

ALL NEW CHILDREN MUST SUBMIT A COPY OF UPDATED IMMUNIZATIONS
ALL CHILDREN MUST BE IMMUNIZED OR HAVE A SIGNED MEDICAL WAIVER

MISSION BAY MONTESSORI ACADEMY

Name of Minor _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the parent/guardian, I hereby give consent to *MISSION BAY MONTESSORI ACADEMY* to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.), osteopath (D.O.) or dentist (D.D.S.) for the above named child. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the above named child.

Child has: NO allergies to medication

Allergies to the following medication(s) _____

Parent/Guardian Signature _____ Date _____

PHOTOGRAPHY PERMISSION FORM

I, _____, as parent/guardian of the above named child, give my permission to *MISSION BAY MONTESSORI ACADEMY* to photograph my child and/or use my child's photo image to be posted within the school, used in publications and/or company websites for marketing and/or public relations purposes and/or on MBMA social media pages (Facebook & Instagram).

Parent/Guardian Signature _____ Date _____

ELEMENTARY FACILITY

During school operating hours, for organized activities, I authorize my child to be taken beyond the Children's House gate to use facilities on the Elementary side of the MBMA campus.

Parent/Guardian Signature _____ Date _____