**Michele’s Montessori School**

**1025 E. Wheeler St. Midland MI 48642**

**(989) 835-3999 ~ micheles.montessori@yahoo.com**

**michelesmontessorischool.com**

**6 weeks to 2.5 years old Summer Program 2024**

Our Summer Camp Program begins on Tuesday June 4th with a vacation day of Thursday, July 4th. We will also be having 2 workdays at the end of the summer, August 16th and 19th.

We are open Monday through Friday from 7:00 a.m. to 6:00 p.m. There are four program options available that are listed on the following pages. We also offer drop-in care on an hourly or daily basis, but you must call ahead to make sure that room is available.

Each week of the summer program will have a different theme. Age-appropriate activities are based on the theme and involve areas such as art, stories, exploration, and group learning activities. We also have large motor, group time, free play, snack, and outdoor activities (weather permitting) daily. Field trips and special visitors can also be a part of our summer program.

Some of the past themes have included: All about Me, The Artist in Me, Let’s Explore The Ocean, Flowers, Chef Camp, Camping, Safari Week, Bugs-Bugs-Bugs, and Robotics and Engineering. We have had visitors like Lou E. Loon, Soccer players, Robotics Group and Musicians along with field trips to such places as the Farmer’s Market, the Library, Dow Gardens and Whitening Forest to name a few. The staff works together to develop the components of the themes, trips, and visitors, each sharing their ideas and activities with the children.

Our goal is to provide a safe, fun, and stimulating environment that involves a variety of activities for all ages. We believe that each child, given the environment to explore, will grow and learn at their own pace.

If you have any questions, please call me at (989) 835-3999 or email me at [micheles.montessori@yahoo.com](mailto:micheles.montessori@yahoo.com) and our website listed above is always available to you.

Sincerely,

Kailia Gibson - Director

**A Typical Day at Michele’s Montessori School**

**(Subject to change due to weather or routine adjustments)**

7:00 – 8:30 Arrivals and Breakfast

8:30 – 8:55 Morning Group Time

9:00 – 11:00 Summer Theme Activities/Possible field trips

11:00 – 12:00 Outside Time

12:00 – 12:25 Lunch

12:30 – 3:15 Summer themes Activities/Rest Time

1:00 - 3:00/3:15 Adventure Group possible Field Trips/Swimming

3:13 – 4:00 Group Time

4:00 – 5:00 Outside Time

5:00 – 5:40 Free Choice Time/Departures

5:40 – 5:50 Clean-up/Departures Continue

6:00 Building Closes

**Calendar Information**

Summer Camp/Adventure Group ~ June 4th - August 15th

**Michele’s Montessori Policies**

**Admission**

1. Non-Discrimination Policy
   1. Michele’s Montessori School shall operate on a non-discriminatory basis and all rights and privileges of the school shall be afforded to all students.
   2. The admissions policy shall never deny students admission based on race, sex, or national origin.
2. Age
   1. The Program is open to all children ages 6 weeks to 2.5 years.
   2. Young Children must be toilet trained.
3. Applications
   1. A completed application consists of the Application for Admission form and a $20 non-refundable fee.

**Withdraw/Dismissal Policy**

1. Parents will be notified of possible dismissal of their child for the following reasons:
   1. Non-payment of tuition for a one-month period.
      1. Suitable arrangements must be made.
      2. Reinstatement may be considered only if all payments have been made in full.
   2. Persistent disruptive behavior in the classroom or repeated acts of bodily harm to self or others.
   3. If at the conclusion of a 1-month probationary period for the new student, it appears that the student is not ready for Montessori.
2. The following steps must be implemented in order to dismiss a student:
   1. Notification by the teacher to director.
   2. Notification to the parents of the problem.
   3. Child is placed on a probation period of three weeks.
   4. At the end of the three-week period, a parent-teacher conference must be held.
   5. Final termination.

**Discipline Policy**

1. Because of the unique nature and structure of the Montessori program, most children quickly become self-disciplined. Sometimes, however, there will be a need for some type of disciplinary action. A child may need to be reminded of appropriate behavior in the classroom or on the playground. Usually that will be enough. Calm and rational talking at the child’s level will help them to develop self-control.

**Snack and Lunch Procedures:**

**NO NUTS!!!**

1. Snack: Snacks are provided during the summer months
2. Lunches: You are responsible for sending in a lunch for your child each day.

We have refrigerators available to store lunches.

1. Picnic Days/Brown Bag Days: Labeled with name.
2. Pizza Days: Wednesday’s we will offer the option to purchase two slices of pizza from a local Pizza bakery for $3.25. You may also pay for the entire summer for $35.75. (Cash Only)

**Emergency Procedures:**

In the event of a medical emergency, accident, or injury all efforts will be made to contact the parent/guardian and/or the person designated on the emergency card. If none of these people can be reached in a timely manner, a staff member will accompany the child to an appropriate emergency care facility either in a private vehicle or in an emergency vehicle. Michele’s Montessori School will not be held liable for any fees incurred in so doing. Michele’s Montessori School also assumes no financial liability in the event of any non-insured party.

**Illnesses:**

The following guidelines are adhered to in order to maintain the healthiest environment possible for all children and staff. **DO NOT** bring your child to school if he or she has any of the following symptoms.

And please be advised that in fairness to the staff and other children, if your child should become ill while in our care, you will be contacted and asked to take them home.

1. **Fever** of 100 F or more until it subsides for 24 hours. Medicine will not be given to control a fever. **We cannot keep any medications in the school that contain fever reducers.**
2. **Earache** until the cause has been determined by a doctor. If a child has an ear infection, the child needs to be on medication for 24 hours before returning to school.
3. **Nasal Discharge** that is thick and/or discolored (green/yellow), until it clears or the doctor gives permission for your child to return to school.
4. **Sore Throat** until redness clears and a doctor determines that is not strep throat or any other Contagious Disease. Please provide written confirmation that your child has been seen by a physician. If your child has strep throat, they must be taking an appropriate medication for 24 hours before returning to school.
5. **Persistent cough** until it stops, or the doctor gives permission for your child to return to school.
6. **Upset Stomach or Vomiting** the night before or morning of the school day. Please make sure your child has no more symptoms of this before returning to school
7. **Rash of Undetermined Cause** until doctor gives you written confirmation that is **NOT** contagious.
8. **Chicken Pox.** Parents are to notify us as soon as blisters appear. The child may return to school at the advice of your doctor.
9. **Diarrhea** the night before and/or the morning of the school day. May return after it clears or the doctor gives permission for your child to return to school.

**Non-emergency injuries or incidents or behavioral issues:**

You will be contacted by the Director or a staff member about any non-emergency injuries or incidents or behavioral issues. This contact may be made verbally, via phone call, email, by written note, or Brightwheel. With each situation being different the Director or staff member will determine the best course of communication.

**Center’s Licensing Notebook:**

Our licensing notebook is available for your viewing during our regular business hours. This notebook, which is kept in our main office, includes all licensing inspection and special investigation reports and related corrective action plans since 2010, so please ask a staff member if you wish to look it over. You can also check out the childcare licensing website at [**www.michigan.gov/michildcare**](http://www.michigan.gov/michildcare)for any reports from the previous 2 years.

**Along with this general information you will also receive individual sheets within our final enrollment packet regarding some of the information above which will need to be signed and returned to the school before attendance.**

**The Application, Acknowledgment of Information and Multi-age classroom forms are on the pages following.**

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**6 weeks to 2.5 years Application for 2024 Summer Program**

**$20.00 non-refundable per child Registration/Activity fee**

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Female\_\_\_\_\_\_ Male \_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate with an \* next to it, any information you do not want shared with other families.**

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

**Program Preference**

Toddler (1.5-2.5 yrs) \_\_\_\_\_ AM 7:00-12:00 $570 monthly

\_\_\_\_\_ 7:00-6:00 $1055 monthly

Infant (6wks-1.5 yrs) \_\_\_\_\_ AM 7:00-12:00 $620 monthly

\_\_\_\_\_ 7:00-6:00 $1135 monthly

Individual Camp Week \_\_\_\_\_ 9:00 - 12:00 $125 per week (Please list weeks below)

Drop-in (must call in to make arrangements to see if space is available) - $8 per hour.

Over 5 hours of drop-in care for a day = $45

**Camp Weeks Requesting or Additional Information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return your $20.00 non-refundable placement/ registration fee per child**

**with this application in order to guarantee a spot for your child/children.**

The forms on the back of this Application form must also be filled out and signed.

Thank you!

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**By signing below, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the parent/guardian of**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that I have received written**

**information covering the areas in R. 400.8146 sub rule (1) listed below:**

**Admission and withdrawal**

**Schedule of operation – Calendar**

**Fees and policy**

**Discipline policy**

**Food service policy**

**Program philosophy**

**Daily Routine**

**Parent notification plan for accidents, injuries, incidents, and illnesses**

**Exclusion policy for child illnesses**

**Availability of Center’s licensing notebook**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent or guardian Date**

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**Parental Permission of Enrollment in**

**Michele’s Montessori School’s Multi-age Program**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the parent/guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**understand that by enrolling my child in Michele’s Montessori School at 1025 E.**

**Wheeler St. Midland, MI 48642, he/she will be in a multi-age classroom of children 6**

**weeks to 1.5 years of age (Infant) or 1.5 years to 3 years (Toddler) . I also understand**

**that within the daily school environment and overall program there will be times when**

**my child will be with children 6 weeks to 12 years of age.**

**My signature below indicates my understanding of and permission for my**

**child’s enrollment in the above stated programs.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/guardian Signature Date**