

MARIA'S PLACE

For Children Attending Central Public School

519 821 5876

Montessori.Wellington@bellnet.ca

WELCOME!

Welcome to our Maria's Place program for children attending Central Public School.

IN THE BEGINNING...

- You should let your child's Public School teacher know that he/she is enrolled in our programme
- We have two pick-ups from Central - one at 11:15 a.m. and one at 3:15 p.m. A Montessori School of Wellington staff member will pick up children from Central Public School and walk them to our school at Dublin Street United Church

THINGS WE NEED

- Before your child can start with us, we must have:
 - \$30 registration fee
 - 10 post-dated cheques, each dated the first of the month
from Sep/09 to Jun/10 made out to Montessori School of Wellington
 - completed Enrolment Agreement
 - immunization information
 - allergy information, if applicable

BEHAVIOUR

- Children should be willing participants in planned activities and learn to select free-choice activities of interest to them
- Children should show respect and consideration for classmates, teachers and classroom materials at all times

THINGS TO BRING

ALL CHILDREN

- a pair of indoor shoes - these may be left in your child's cubby
- a complete change of clothes - these will be stored in your child's classroom

CHILDREN WHO STAY FOR LUNCH & WHO DO NOT RECEIVE A CATERED LUNCH

- lunch, eating utensils and napkin packed in a lunch box which is clearly marked with your child's name

AT THE END...

- at pick-up times (11:45 a.m., 3:45 p.m. or 6:00 p.m.) you should wait outside the Casa B door for your child to be dismissed
- If you are unexpectedly delayed, please call us at 519 821 5876 and leave a message and/or a phone number where you can be reached. Messages are checked regularly
- Overtime charges are \$1/minute & will be billed separately

HEALTH & SAFETY

- It is VERY IMPORTANT that you call us at 519 821 5876 if your child is going to be absent
- Children will only be released to people who are designated on your child's Enrolment Agreement. If someone who is not designated is going to pick up your child then you must give us a written note
- If your child has an allergy, dietary requirements and/or requires medication, you must discuss this directly with one of our staff so that the proper procedure and documentation can be put in place

PLEASE NOTE:

- our After School programme DOES NOT operate on Public School PD Days
- our morning and afternoon Maria's Place programme DOES operate on Public School PD Days but parents must drop their children off themselves and will be billed separately for these additional hours
- We require one month's notice if you choose to withdraw your child from our programme
- There is a \$40 fee for NSF cheques
- If you need to get any documents or messages to us quickly, you can use the mail slot that is located on our door facing onto Suffolk Street, which has our sign on it. There is a locked mailbox on the inside of the door so even sensitive documents are safe. We have a key to the mailbox and we check it regularly

Thank you in advance,

Glynis Hamilton

MARIA'S PLACE
FOR CHILDREN ATTENDING CENTRAL PUBLIC SCHOOL
68 Suffolk Street West, GUELPH, Ontario N1H 2J2
519-821-5876
montessori.wellington@bellnet.ca

PERSONS TO CALL IF PARENTS UNAVAILABLE*

Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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***Persons listed here must be available during programme hours to come and pick up your child in case of illness or an emergency**

CHILD DROP-OFF AND PICK-UP PERMISSION (other than Parents)**

Name	Phone
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Name	Phone
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****A completed Permission to Release form, written note or telephone call from a parent or legal guardian, granting permission for the child to be released to anyone other than the persons named here, is required.**

HEALTH INFORMATION

Doctor's Name	Phone
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Address	City	Postal Code
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Allergies: Type: _____

 Symptoms: _____

 Treatment: _____

Dietary Requirements

HISTORY OF COMMUNICABLE DISEASES

- | | |
|---|---|
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Meningitis |
| <input type="checkbox"/> Fifth Disease | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Hand, Foot and Mouth Disease | <input type="checkbox"/> Pertussis (Whooping Cough) |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Rubella (German Measles) |
| <input type="checkbox"/> _____ | |
| Other | |

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MEDICAL AUTHORIZATION

We, the undersigned, who are the parents or legal guardians having legal custody of the above child, grant authorization to Maria's Place, through its staff and owners, into whose care the above named has been entrusted, to consent to any X-ray examination, anaesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the said minor under the general or special supervision and upon the advice of a medical practitioner licensed under the provisions of laws in Ontario, or to consent to an X-ray examination, anaesthetic, dental, or surgical diagnosis or treatment, and hospital care to be rendered to the said minor by a dentist licensed under the provisions of laws in Ontario.

We, the undersigned further authorize the above named facility to have the above named minor released into the custody of its representative, should hospital care no longer be required.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

BLANKET PERMISSION RELEASE

I hereby grant permission for my child to participate in all the activities of Maria's Place and to leave the school premises under the supervision of staff members/authorized adults, for neighbourhood walks or field trips.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

IMPORTANT!

PLEASE SUPPLY ALL REQUESTED INFORMATION
INCOMPLETE FORMS CANNOT BE PROCESSED
REMEMBER TO ENCLOSE YOUR \$30 REGISTRATION FEE & POST-DATED CHEQUES

FOR OFFICE USE	
Program:	Reg. Deposit Rec'd:
Start Date:	Cheques Rec'd:
Discharge Date:	Calendar Rec'd:

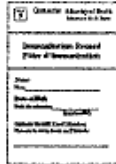


Immunization Data Form

Please PRINT Clearly in Ink

Name of School: _____	<input type="checkbox"/> New Student <input type="checkbox"/> Kindergarten student starting _____ <div style="text-align: right; font-size: small;">(month/year)</div>
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Child's Last Name: _____			First _____	Middle _____
Date of Birth: ____/____/____		Male []	Ontario Health Card #:	
Year	Month	Day	Female [] _____	
Parent/Guardian: _____				
(Last Name)		(First Name)	(Relationship to Child)	
Address: _____		Unit/Apt.: _____	Home Phone # [] _____	
City/Town: _____		Postal Code: _____	Work Phone # [] _____	
Family Physician: _____		Dr's. Phone # [] _____		
Name of Previous School (if applicable): _____				
Address: _____		City/Town: _____	Prov. _____	



Immunization History:

Please attach a photocopy of all of your child's records to this form.

Date: _____ Parent/Guardian's Signature _____

PLEASE NOTE:

In order to attend school in Wellington-Dufferin-Guelph, you must provide a complete history of your child's immunization to the Health Unit (Medical Officer of Health) or produce a signed medical exemption from your physician or an affidavit stating a religious or philosophical conflict. The Immunization of School Pupils Act requires that students have up-to-date immunization against six designated diseases: **diphtheria, tetanus, polio, measles, mumps and rubella (German measles).**

It is the responsibility of parents to maintain a record of immunization for their children and to inform the Wellington-Dufferin-Guelph Health Unit as additional immunization is given.

If you are unable to complete this form or cannot locate your child's record, please contact your previous physician or call the health unit for assistance.

Notice of Collection: The information on this form is collected under the authority of the Immunization of School Pupils Act, and the Health Cards and Numbers Control Act, and in accordance with MFIPPA and will be used for maintaining a school immunization record. Any questions about this collection should be addressed to the Director of Administration.

Belwood
 Tel: (519) 843-2460
 Fax: (519) 843-2321

Guelph
 Tel: (519) 821-2370
 Fax: (519) 836-7215

Orangeville
 Tel: (519) 941-0760
 Fax: (519) 941-1600

North Wellington
 Tel: (519) 343-2240
 Fax: (519) 343-2487

Toll Free: 1-800-265-7293 Website: www.wdghu.org Email: info@wdghu.org