

MONTESSORI SCHOOL OF WELLINGTON

519 821 5876

Montessori.Wellington@bellnet.ca

WELCOME!

Welcome to the Montessori School of Wellington.

IN THE BEGINNING...

- Children should be dropped off at the Church door facing onto Suffolk Street. Parents should not come into the cubby area. Staff will be there to supervise the children and help them get ready for class
- Children should be dressed in comfortable, manageable clothing. The children will be using the washroom independently and their clothing should allow them to do this as easily as possible. Please remember to dress your child appropriately for the weather

THINGS WE NEED...

Before your child can start with us, please submit the following:

- A registration deposit of one tenth of the annual tuition, due upon submission of completed enrolment forms. This is a non-refundable registration fee and is the last month's tuition fee – June, 2011
- Nine post-dated cheques at the time of enrolment payable to Montessori School of Wellington and dated the first of each month beginning in September, 2010 and ending in May, 2011
- completed Enrolment Agreement
- birth certificate
- immunization information
- allergy information, if applicable

THINGS TO BRING...

ALL CHILDREN

- a pair of indoor shoes once we get into boot weather - these may be left in your child's cubby
- a complete change of clothes - these will be stored in your child's classroom
- a small plastic cup
- a recent photograph of your child

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

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

AT THE END...

- at pick-up times you should wait outside the Casa A 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
- 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

MONTESSORI SCHOOL OF WELLINGTON

68 Suffolk Street West, GUELPH, Ontario N1H 2J2

519-821-5876

montessori.wellington@bellnet.ca

TUITION FEES

For the Academic School Year - SEPTEMBER, 2010 to JUNE, 2011

A registration deposit of one tenth of the annual tuition, dated at the time of enrolment, is due upon submission of completed enrolment forms. This is a non-refundable registration fee and represents the last month's tuition fee – June, 2011

You should also submit nine post-dated cheques along with the enrolment forms and dated the first of each month beginning in September, 2009 and ending in May, 2011

Cheques should be made payable to Montessori School of Wellington.

For Children 2.5 to 3yrs 8mos (born after Dec. 31/06)			For children 3yrs 8mos to 6yrs (born on or before Dec 31/06)		
<i>These rates include hot catered lunch & snacks</i>			<i>These rates include snacks but NO catered lunch</i>		
<input type="checkbox"/> Full Day	8:45 am – 3:45 pm	\$1,000.00/mo.	<input type="checkbox"/> Full day	8:45 am – 3:45 pm	\$900.00/mo.
<input type="checkbox"/> Morning	8:45 am - 12:45 pm	\$700.00/mo.	<input type="checkbox"/> Morning	8:45 am – 11:45 am	\$500.00/mo.
<input type="checkbox"/> Afternoon	11:45 am – 3:45 pm	\$700.00/mo.	<input type="checkbox"/> Afternoon	12:45 pm – 3:45 pm	\$500.00/mo.
<input type="checkbox"/> Extended Day	8:45 am – 2:30 pm	\$895.00/mo.	<input type="checkbox"/> Extended Day	8:45 am – 2:30 pm	\$790.00/mo.
EXTENDED CARE					
<input type="checkbox"/> Before School	7:30 – 8:45 am	\$100.00/mo.	Occasional use \$ 6.00/use		
<input type="checkbox"/> After School	3:45 – 6:00 pm	\$220.00/mo.	Occasional use \$10.00/use		

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ENROLMENT AGREEMENT

Between:

MONTESSORI SCHOOL OF WELLINGTON LIMITED
(hereinafter known as "MONTESSORI")

-and-

(hereinafter known as the "PARENT")

ADMISSION REQUIREMENTS:

Each child will be judged on his or her own merits and suitability for entrance into the programme. An informal interview will be required among the PARENT, child and teacher as part of the application procedure.

Admissions are accepted only for the entire year or for the remainder of the academic year if enrolled after opening date.

All children must be at least thirty-one (31) months of age by the first day of the academic year and be **RELIABLY TOILET TRAINED**. The first day of the academic year shall be the first Tuesday after Labour Day Statutory Holiday.

APPLICATION PROCEDURES:

A PARENT shall apply to have a child enrolled in a programme by:

- i) satisfying the admission requirements;
- ii) completing, executing and returning this Enrolment Agreement,
- iii) providing the registration deposit and post-dated cheques for the balance of the tuition, for the appropriate programme.

ACCEPTANCE FOR ENROLMENT:

MONTESSORI shall notify the PARENT in writing of the child's acceptance into the programme applied for, which acceptance shall be reserved to the absolute discretion of MONTESSORI. Upon acceptance of the child by MONTESSORI this Agreement shall constitute a legally binding contract and the registration deposit herein referred to shall be non-refundable.

Each child's initial acceptance into a programme shall be conditional for a period of three (3) months commencing on the child's first day in attendance in the programme of enrolment in order that the child's teacher may assess the child's ability to function within the programme. If, in MONTESSORI's opinion, the child is not able to function within the programme, the enrolment shall be terminated at MONTESSORI's option and tuition shall be paid on a pro rata basis up to the time of the termination of the enrolment. MONTESSORI further reserves the right to end any enrolment during the balance of the school year if circumstances so warrant enrolment to be ended. If enrolment is terminated by MONTESSORI, tuition shall be pro rated up to the time enrolment is ended.

REGISTRATION:

Upon receipt by MONTESSORI of a fully completed and duly executed Enrolment Agreement, together with payment of the appropriate registration deposit and delivery of post-dated cheques for the balance of the tuition fee, registration will be considered complete.

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ENROLMENT AGREEMENT Cont'd

TUITION FEES:

The PARENT is required to pay the Registration and Tuition as stated for the full academic year from the first Tuesday following Labour Day Statutory Holiday to the second Friday in June inclusive. Non-school time such as weekends, statutory holidays, bad weather closing, professional development days, Christmas and Easter vacation and spring break are all part of the academic year. MONTESSORI has no obligation to refund tuition fees when a child is withdrawn by a PARENT. Any PARENT who withdraws their child from the programme may request, in writing, a full or partial refund of tuition and MONTESSORI reserves the right to give such a PARENT a full or partial refund of tuition fees if, in the opinion of MONTESSORI, such a refund is appropriate. No refund of fees will be given due to absence of a child due to illness, family holidays or other circumstances. If enrolment in any programme commences up to and including the 15th day of the month then one full month's tuition will be payable. If enrolment in any programme commences on or after the 16th day of the month then one half of one month's tuition will be payable.

If enrolling two children there will be a 10% discount off the annual tuition fee of the younger sibling, provided that at least one of the two children is enrolled in the full day programme.

The PARENT agrees to pay MONTESSORI the tuition charges for the school year.

RELEASE:

The PARENT understands that in the event of illness or accident, MONTESSORI or its agents are hereby authorized to seek medical attention or to have the child taken to the nearest hospital by staff vehicle or ambulance for treatment by a qualified medical practitioner.

INDEMNITY:

The PARENT understands that young children, even under close supervision, will have occasional accidents. We(I), the PARENT(S), release, indemnify and hold MONTESSORI, its agents and its employees harmless from any and all claims, damages, or other liabilities for injuries to my child which are not a direct result of negligence of MONTESSORI, its agents or employees.

The PARENT agrees to comply with all of the conditions outlined in this Agreement and the attached Schedules "A" and "B".

Signature of PARENT OR LEGAL GUARDIAN

Date of Application (D/M/Y)

Signature of PARENT OR LEGAL GUARDIAN

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ENROLMENT AGREEMENT 2010 – 2011

PLEASE TICK REQUIRED PROGRAMMES

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SPECIAL INSTRUCTIONS:					

Child's Surname _____ First Name _____ Middle Name _____ Sex(M/F) _____

Address _____ City _____ Postal Code _____

Home Phone _____ Birth Date(D/M/Y) _____ Place of Birth _____

PARENT INFORMATION

Father's Full Name _____ Company Name _____

Work Address _____ City _____ Postal Code _____ Work Phone _____

Mother's Full Name _____ Company Name _____

Work Address _____ City _____ Postal Code _____ Work Phone _____

Mother's cell phone: _____ Father's cell phone: _____

E-mail address: _____ Child resides with: _____

I give permission for my child's photograph to be used occasionally on the school website yes no

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ENROLMENT AGREEMENT 2010 - 2011

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 Montessori School of Wellington, 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 Montessori School of Wellington 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 POST-DATED CHEQUES**

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



Immunization Data Form

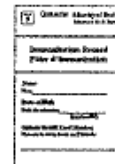
Please PRINT Clearly in Ink

Name of School: _____	<input type="checkbox"/> New Student <input type="checkbox"/> Kindergarten student starting _____ (month/year)
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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