

# MARIA'S PLACE

519 821 5876

[montessori.wellington@bellnet.ca](mailto:montessori.wellington@bellnet.ca)

## WELCOME!

Welcome to our Maria's Place program.

### IN THE BEGINNING...

- parents should bring their children in through the double glass doors of the Church, accompany them to their cubbies, stay with them while they hang up their belongings and then drop them off at Casa B
- 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

### 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/10 to Jun/11 made out to Montessori School of Wellington
  - completed Enrolment Agreement
  - completed Health Unit Immunization Data Form
  - copy of yellow immunization card
  - copy of your child's birth certificate
  - allergy information, if applicable
  - a recent photograph of your child (for his/her work file)

### 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
- a small plastic cup
- a recent photograph of your child

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

- lunch, eating utensils and a cloth napkin packed in a lunch box which is 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.) please let the teacher know that you are there to pick up your child and wait outside the Casa B door for your child to be dismissed. Parents should not come into the classroom at pick-up time
- 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**

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68 Suffolk Street West, GUELPH, Ontario N1H 2J2

519-821-5876

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## ENROLMENT AGREEMENT 2010 – 2011

### PLEASE TICK REQUIRED PROGRAMMES

<b>For Children 2.5 to 3yrs 8mos (born after Dec. 31/06)</b>	<b>For children 3yrs 8mos to 6yrs (born on or before Dec 31/06)</b>
<i>These rates include hot catered lunch &amp; snacks</i>	<i>These rates include snacks but NO catered lunch</i>
<input type="checkbox"/> Extended Day 8:45 am – 2:30 pm \$670.00/mo.	<input type="checkbox"/> Extended Day 8:45 am – 2:30 pm \$535.00/mo.
<input type="checkbox"/> Alt. Ext. Day 8:45 am – 2:30 pm \$350.00/mo.	<input type="checkbox"/> Alt. Ext. Day 8:45 am – 2:30 pm \$270.00/mo.
<input type="checkbox"/> 3 Ext. Day 8:45 am – 2:30 pm \$400.00/mo.	<input type="checkbox"/> 3 Ext. Day 8:45 am – 2:30 pm \$320.00/mo.
<input type="checkbox"/> 2 Ext. Day 8:45 am – 2:30 pm \$270.00/mo.	<input type="checkbox"/> 2 Ext. Day 8:45 am – 2:30 pm \$220.00/mo.
<b>For All Children – These rates include snacks</b>	
<input type="checkbox"/> 5 am or pm 8:45 – 11:45 am or 12:45 – 3:45 pm \$295.00/mo.	
<input type="checkbox"/> 3 am or pm \$200.00/mo.	
<input type="checkbox"/> 2 am or pm \$150.00/mo.	
<b>EXTENDED CARE</b>	
<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
<input type="checkbox"/> Catered Lunch 11:45 am – 12:45 pm \$190.00/mo.	Occasional use \$10.00/use
<b>SPECIAL INSTRUCTIONS:</b>	

Child's Surname	First Name	Middle Name	Sex (M\F)
Address	City		Postal Code
Home Phone	Birth Date (D/M/Y)	Place of Birth	Grade

### PARENT INFORMATION

Father's Full Name	Company Name	
Work Address	Postal Code	Work Phone
Mother's Full Name	Company Name	
Work Address	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\*

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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)\*\*

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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

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

Symptoms: \_\_\_\_\_

Treatment: \_\_\_\_\_

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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)

\_\_\_\_\_  
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.

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Signature of Parent or Legal Guardian

Date

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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.

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Signature of Parent or Legal Guardian

Date

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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:

