

# MONTESSORI SCHOOL OF WELLINGTON SCHOOL-AGE PROGRAMME

Sir Isaac Brock Public School  
519 731 2400

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

## WELCOME!

Welcome to the Montessori School of Wellington School-Age Programme at Sir Isaac Brock Public School. Our programme Supervisor is Diane Burton. If you have any questions or concerns please feel free to speak to your child's teacher or to Ms Burton directly.

### IN THE BEGINNING...

- You should let your child's Public School teacher know that he/she is enrolled in our programme
- Children should come directly and promptly from their classrooms to our meeting area. Kindergarten students will be picked up from their classrooms by their After School teacher every day. New students will be picked up from their classrooms for the first week

### 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 for either \$170 or \$310 made out to Montessori School of Wellington
  - completed Enrolment Agreement
  - allergy information, if applicable
  - Copy of school calendar for JK/SK students

### 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

- an additional nutritious snack and/or drink. Please do NOT send candy or soft drinks. Snacks will not be shared with others. Lunch bags must be clearly marked with your child's name
- indoor shoes, particularly during inclement weather

- Children must bring all necessary belongings from their classrooms. Our contract with the UGDSB stipulates that we are NOT allowed to return to classrooms for any reason after 3:30 p.m.

## **AT THE END...**

- OUR PROGRAMME ENDS AT 6:00 p.m. Overtime charges are \$1/minute & will be billed separately
- Parents should come directly into the classroom/gym when picking up children and ensure that children say a proper goodbye to their teacher...this is essential for safety and security
- When picking up your Kindergarten child, please come into the Kindergarten wing and check to see which classroom we are using that day. All other children will be either in Gym 1 or Gym 2 and this has been indicated on your confirmation letter
- If you are unexpectedly delayed, please call us at 519 731 2400 and leave a message and/or a phone number where you can be reached. Messages are checked regularly

## **HEALTH & SAFETY**

- It is VERY IMPORTANT that you call us at 519 731 2400 if your child is going to be absent from the after school programme. When a child doesn't show up, we have to start a lengthy procedure to find him/her
- 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 proper procedure and documentation can be put in place

## **PLEASE NOTE!**

- We require one month's notice if you choose to withdraw your child from our programme
- There is a \$40 fee for NSF cheques
- our programme DOES NOT operate on PD Days or Board holidays

Thank you in advance,

Glynis Hamilton

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**ENROLMENT AGREEMENT 2010 – 2011**

**PLEASE COMPLETE FORMS, ATTACH \$30 REGISTRATION FEE, 10 POST-DATED CHEQUES EACH DATED THE 1<sup>ST</sup> OF THE MONTH FROM SEP/10 TO JUN/11.**

**MAIL OR DELIVER TO:**  
**Montessori School of Wellington**  
**Dublin Street United Church**  
**68 Suffolk Street West**  
**GUELPH, ON N1H 2J2**

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**PROGRAMME SELECTION**

(check programme desired)

- Monthly..... \$310.00
- JK or SK - Monday, Wednesday, alternate Friday..... \$170.00
- JK or SK - Tuesday, Thursday, alternate Friday..... \$170.00

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**STUDENT INFORMATION**

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	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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**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)   |
| <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 the Montessori School of Wellington Limited 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 school 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 the Montessori School of Wellington After School Programme, 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

FOR OFFICE USE	
Programme:	Reg. Deposit Rec'd:
Start Date:	Cheques Rec'd:

**Discharge Date:**

**Calendar Rec'd:**