

## ENROLMENT PACKAGE

2019 - 2020 SCHOOL YEAR

Thank you for your interest in Church Street Montessori.

Please complete this Enrolment Package and submit it at the school along with your non-refundable registration fee and non-refundable deposit.

**Please submit pages 4 through 9 and  
keep pages 2 and 3 for your reference.**

Please note:

The registration will be processed in the order the application is received.  
The registration fee and deposit must be paid in full for applications to be considered.

## CASA PROGRAM - 2.5 YEARS TO 6 YEARS (Retain this page for your records)

### Hours of Operation for 2019 – 2020:

Before-school program	8:00 am to 8:45 am
Arrival	8:45 am to 9:00 am
Morning program	9:00 am to 12:00 pm
Half-day outdoor recess (weather permitting) and dismissal	12:00 pm to 12:15 pm
Full-day lunch	12:00 pm to 12:30 pm
Full-day outdoor recess	12:30 pm to 1:30 pm
Afternoon program	1:30 pm to 3:30 pm
Full-day dismissal	3:30 pm to 3:45 pm
After-school program: indoor/outdoor recess or library visit	3:45 pm. to 5:00 pm

### Tuition for 2019 – 2020:

NON-REFUNDABLE REGISTRATION FEE FOR NEW STUDENTS: \$200	
NON-REFUNDABLE DEPOSIT: \$600 (DUE AT THE TIME OF REGISTRATION)	
Casa Half Day: \$750 per month	Casa Full Day: \$1200 per month
Before School program: \$125 per month	After School program: \$150 per month

Please make the first cheque for \$200 non-refundable registration fee (new parents only) plus \$600 non-refundable deposit with current date. Please also enclose 10 post-dated cheques, dated first of each month for the duration of the school year starting 1<sup>st</sup> of September.

Postdated cheques should be drawn in favour of Church Street Montessori. Please note that for the month of June, for half-day program, cheque should be for \$150 and for full-day program, cheque should be for \$600.

Before and after school programs can be availed occasionally at a charge of \$15.00 for before school program and \$25.00 for after school program with a minimum of 24 hours of notice.

All late pick-ups will be charged at the rate of \$1 for every minute.

## SCHOOL CALENDAR 2019 – 2020 (Retain this page for your records)

First day of school <b>(returning children)</b>	Wednesday, Sep 4, 2019	Before/After school available
First day of school <b>(new children)</b>	Monday, Sep 9, 2019	Before/After school available
Fall field trip (see notes below)	Friday, Oct 11, 2019	Mid-day dismissal. No after school program.
Thanksgiving Day	Monday, Oct 14, 2019	School Closed
Professional Advancement Day	Nov 2019 (Date TBD)	School Closed
Annual Christmas event	Friday, Dec 6, 2019	Morning Event (TBA). School closes after event. No after school program.
Last school day of 2019	Thursday, Dec. 19, 2019	School closes at 3:45pm. No after school program.
Christmas break	Friday, Dec. 20, 2019 to Sunday, Jan 5, 2020	School Closed
First school day of 2020	Monday, Jan 6, 2020	Before/After school resumes
Family Day	Monday, Feb 17, 2020	School Closed
March break	Monday, Mar 9 to Friday, Mar 20, 2020	School Closed
Good Friday	Friday, Apr 10, 2020	School Closed
Easter	Monday, Apr 13, 2020	School Closed
Mother's Day event	Friday, May 8, 2020	Event details (TBA)
Spring field trip (see notes below)	Friday, May 15, 2020	Mid-day dismissal. No after school program.
Victoria Day	Monday, May 18, 2020	School Closed
Father's Day event	Friday, Jun 5, 2020	Event details (TBA)
Last day of school potluck	Thursday, Jun 18, 2020	School closes at 3:45pm. No after school program.

**Notes:**

1. On Fall/Spring field trips, we require at least one parent or guardian to accompany the child/children.
2. On the day of the field trips, children will be dismissed directly from the field trips and parents and/or guardians will need to make any necessary arrangements, at your expense, for the care of the child after the dismissal from these events.

## APPLICATION FOR ENROLMENT / RE-ENROLMENT 2019 – 2020

NAME OF CHILD:	
SEX:	DATE OF BIRTH:
NAME OF MOTHER/GUARDIAN	NAME OF FATHER/GUARDIAN
HOME ADDRESS	HOME ADDRESS (if different)
HOME PHONE:	HOME PHONE:
MOBILE:	MOBILE:
EMAIL:	EMAIL:
BUSINESS ADDRESS	BUSINESS ADDRESS
WORK PHONE:	WORK PHONE:

### DESIRED PROGRAM(S)

<b>CASA HALF DAYS</b>	8:45 am - 12:15 pm (5 mornings per week)		<b>CASA FULL DAYS</b>	8:45 am - 3:45 pm (5 full days per week)	
<b>BEFORE SCHOOL</b>	8:00 am – 8:45 am		<b>AFTER SCHOOL</b>	3:45 pm - 5:00 pm	

I understand the following:

- For any cheque not honoured by the bank, a non-sufficient fund (NSF) charge of \$50.00 will be charged by Church Street Montessori.
- There are no refunds/reduction in tuition for days that school is closed or child is absent for reasons such as sickness, family vacation or any other reason.
- Registration fee and deposit are not refundable. The deposit amount will be used against tuition for the month of June. All students are accepted on a trial basis to assess the suitability of the program. If parents or the school feel that the child is not adapting to the Montessori environment, the child may be withdrawn. If a parent chooses to withdraw for any other reason, the deposit and registration fee, the fee for the current and following month will be forfeited, but the remaining cheques will be returned.
- Registration is required for before and/or after school programs (see rates on page 2). However, Before and after school programs can be availed occasionally at a charge of \$15.00 for before school program and \$25.00 for after school program with a minimum of 24 hours of notice. All late pick-ups will be charged at the rate of \$1 for every minute.

Signature of parent/ guardian: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE:
First day of school : _____ Date of withdrawal : _____

## CONSENT FORM

1. As a part of the curriculum, Church Street Montessori staff will take the children in small groups on short walks in the school neighbourhood and on short field trips to nearby places such as the Aurora public library, banks and local stores. These trips will happen over the course of the academic year and I understand and permit my child to go on these field trips.
2. In the academic year, the school will organize other special field trips that may involve transportation and/or entry tickets that are not a part of the tuition. I understand that I will be charged a nominal fee for these trips.
3. On the days of special field trips, staff will be away from school and the school will be closed. No after school programs will be available. Your child/children joining the field trip must be accompanied by at least one parent or guardian. I understand that the children will be dismissed directly from these events and I agree to make any necessary arrangements, at my expense, for the care of my child after the dismissal from these events.
4. Should my child not choose to participate in any of our special field trips, I understand and agree to make any necessary special arrangements, at my expense, for my child to be away from school.
5. The school will be closed on the days that York Region School Board busses are cancelled due to inclement weather. This information will be available on [www.schoolbuscity.com](http://www.schoolbuscity.com). I understand that school will not reimburse me for the days lost due to such cancellations and that I will make any necessary arrangements, at my expense, for my child to be away from school on such days.
6. I consent to my child being photographed or videographed while working in the classroom, in the yard, on field trips and at other school events for illustrative purposes at school for educating parents about Montessori curriculum and for sharing with the children's immediate families and for use in slide-shows at school events such as the Last Day of School or Annual Christmas event.
7. Please tick the appropriate box below to indicate your consent to Church Street Montessori for using the pictures and videos taken while your child is working in the classroom, in the yard, on field trips and other school events on its website, its Facebook page, school brochures and/or other school literature.  
 Yes                       No
8. Church Street Montessori does not mandate children to take afternoon naps. However, if my child is tired and chooses to nap, I agree that the school can provide a floor bed for my child.
9. Church Street Montessori provides nutritious snacks for the children to eat freely throughout the school day. However, parents and guardians are responsible for packing and sending nutritious and balanced nut-free lunches for their child/children. These lunches should include a main course, fruits and vegetables as recommended by Canada's food guide. Lunches must be packed in a hot or cold pack and the child's name must be clearly labeled on the lunch bag. Please do NOT send treats such as candy, chocolates, pop. I understand and agree to these lunch guidelines.
10. Every parent will be emailed a copy of the current Parent Handbook before the child begins school. I understand that it is my responsibility to read and follow the content of the Parent Handbook.

Name of Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY INFORMATION (LONG VERSION)

NAME OF CHILD	
OHIP NUMBER	DATE OF BIRTH
MOTHER/GUARDIAN	FATHER/GUARDIAN
NAME:	NAME
ADDRESS INCLUDING POSTAL CODE	ADDRESS INCLUDING POSTAL CODE
PHONE	PHONE
MOBILE	MOBILE
<b>ALLERGY INFORMATION</b>	
CONDITION/BEHAVIOR THAT WOULD REQUIRE SPECIAL ATTENTION / MEDICATION/SPECIAL DIET	
ALLERGIES - FOOD/MEDICATION?	
SPECIFY SYMPTOMS OF ALLERGIC REACTION AND SPECIFY IF SPECIAL CARE IS NEEDED.	
<b>DOCTOR'S INFORMATION</b>	
NAME	ADDRESS INCLUDING POSTAL CODE
PHONE	

\*PLEASE ATTACH A COPY OF THE IMMUNIZATION RECORD. IF YOU DO NOT HAVE ONE, PLEASE SUBMIT AN EXEMPTION LETTER.

## EMERGENCY CONTACTS OTHER THAN PARENTS/GUARDIANS

(i.e., People authorized to pick up your child in case of emergency)

EMERGENCY CONTACT 1	EMERGENCY CONTACT 2
RELATIONSHIP TO CHILD	RELATIONSHIP TO CHILD
NAME	NAME
ADDRESS INCLUDING POSTAL CODE	ADDRESS INCLUDING POSTAL CODE
PHONE	PHONE
MOBILE	MOBILE

## DECLARATION OF COMMUNICABLE DISEASES

Name of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Ministry of Education requires that the following declaration be signed by parents of Church Street Montessori. Please check if your child has had any of the following communicable diseases.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> CHICKEN POX     | <input type="checkbox"/> MUMPS                 | <input type="checkbox"/> RHEUMATIC FEVER |
| <input type="checkbox"/> MEASLES         | <input type="checkbox"/> SCARLET FEVER         | <input type="checkbox"/> RSV             |
| <input type="checkbox"/> GERMAN MEASLES  | <input type="checkbox"/> BRONCHITIS            | <input type="checkbox"/> FREQUENT COLDS  |
| <input type="checkbox"/> WHOOPING COUGH  | <input type="checkbox"/> MIDDLE EAR INFECTIONS | <input type="checkbox"/> TONSILLITIS     |
| <input type="checkbox"/> FIFTH'S DISEASE |  | <input type="checkbox"/> PNEUMONIA       |

Name of Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PERMISSION TO RECEIVE EMERGENCY MEDICAL CARE

**I HEREBY GRANT PERMISSION FOR THE STAFF OF CHURCH STREET MONTESSORI TO TAKE WHATEVER STEPS NECESSARY TO OBTAIN EMERGENCY MEDICAL CARE FOR MY CHILD IF WARRANTED.**

These steps may include, but are not limited to:

1. Attempting to contact the parents, guardians, child's physician or the emergency contacts provided.
2. **In case we are unable to contact any of the above**, the staff of Church Street Montessori shall call another physician, call an ambulance or have the child taken to the emergency department of a nearby hospital accompanied by a staff of Church Street Montessori.

**ANY EXPENSES INCURRED UNDER THESE CIRCUMSTANCES LISTED ABOVE WILL BE BORNE BY THE CHILD'S PARENT OR GUARDIAN.**

**CHURCH STREET MONTESSORI WILL NOT BE RESPONSIBLE FOR ANY INCIDENT THAT MAY OCCUR AS A RESULT OF INCORRECT INFORMATION PROVIDED BY PARENT OR GUARDIAN.**

I have read and I agree with the statements above.

Name of Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



## EMERGENCY INFORMATION (SHORT VERSION FOR FIELD USE)

NAME OF CHILD	
OHIP NUMBER	DATE OF BIRTH
MOTHER / GUARDIAN	FATHER / GUARDIAN
NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE	PHONE
MOBILE	MOBILE
<b>ALLERGY OR SPECIAL MEDICAL CARE INFORMATION</b>	
DESCRIBE CONDITIONS REQUIRING SPECIAL ATTENTION/MEDICAL CARE - ALLERGIC REACTIONS TO FOOD, POLLEN, ETC.	
<b>DOCTOR'S INFORMATION</b>	
NAME	ADDRESS
PHONE	
<b>OTHER PERSONS AUTHORIZED TO PICKUP CHILD IN CASE OF EMERGENCY</b>	
<b>EMERGENCY CONTACT 1</b>	<b>EMERGENCY CONTACT 2</b>
NAME:	NAME:
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:
ADDRESS:	ADDRESS:
HOME PHONE:	HOME PHONE:
MOBILE PHONE:	MOBILE PHONE: