

# Montessori School of Wellington For Children Attending Central Public School 2017 - 2018

519 821 5876

montessori.wellington@bellnet.ca

## WELCOME!

Welcome to the Montessori of Wellington before and after school program for children attending Central Public School.

### BEFORE SCHOOL PROGRAM 7:30 to 8:45 am

- **7:30 am** You should come in through the glass Church doors adjacent to the car park. Help your child to hang up their belongings in their cubby and take them to Casa B. Children who bring a breakfast should take their lunch bags to the classroom. Your child's lunch bag should be clearly marked with your child's name – **THIS IS VERY IMPORTANT** because of children with allergies. We check lunch bags and, if your child's name is not marked on it, then we will add it
- Children can eat breakfast, then we will have planned and free choice activities and/or gym/outdoor time
- **8:30 am** A staff member will walk the children to Central Public School

### AFTER SCHOOL PROGRAM 3:15 to 6:00 pm

- **3:15 pm** A staff member will pick up the children from Central Public School. Children should gather in the front foyer outside the school office
- Children need to bring a nutritious snack to eat in the After School Program
- After snack, children have an opportunity to do homework, participate in arts, crafts, reading, writing, games and puzzles. We will also have physical activities every day either in the gym or outdoors
- at pick-up times you should knock on the door to let the staff know that you are there and then wait outside the Casa B door for your child to be dismissed. **PARENTS SHOULD NOT COME INTO THE CLASSROOM AT PICK-UP TIME** – so that the teacher can keep her attention on the children still in her care

### FEES & DOCUMENTATION

Before your child can start with us, we must have:

- New families must pay a security deposit of \$250 per family which is due on June 1, 2017. This deposit will either be returned to you when your child leaves or be applied to the fee for the last month your child attends our program. This deposit may also be used to cover the cost of unpaid NSF fees, late charges, etc. If you are a returning family and have already given your deposit, we do not need it again
- When you receive our "Personal Pre-Authorized Debit Form," please follow the instructions provided on the form and return it to us. Fees for our program(s) will be withdrawn from your bank account at the beginning of each month
- completed Enrolment Agreement
- allergy information, if applicable

How to get the documentation to us:

- Mail to: Montessori School of Wellington  
68 Suffolk St. W., GUELPH, ON, N1H 2J2
- Drop off in the mail slot on our door at the above address, day or night. Our door faces onto Suffolk Street and has our sign on it. There is a locked box behind the door, so your documents are safe and we check the contents daily
- Drop off at our main location during the hours of our before or after school programs

### THINGS TO BRING

- 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

## BEHAVIOUR

- Children should be willing participants in 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

## COMMUNICATION

- Once you have enrolled your child(ren) in our program, you will receive the following documents:
  - o Parent Handbook
  - o Parent Handbook Agreement Form
  - o Allergy List
- We will send you an invitation to join our private Shutterfly website where you will have access to program plans, school calendar, staff profiles, forms & documents that you may require, links to other related sites, photographs and information about your child's activities in our program
- Everyday communication, such as absence, can be directed to **519 821 5876** or [montessori.wellington@bellnet.ca](mailto:montessori.wellington@bellnet.ca) at any time to discuss any particular issues or concerns that you have

## THINGS TO BRING

- 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

## HEALTH & SAFETY

- You should let your child's Public School teacher know that s/he is enrolled in our program
- It is VERY IMPORTANT that you call us at **519 821 5876** if your child is going to be absent. When leaving a message, please give details for the reason for absence, particularly if it is because of illness or infection
- 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 complete a Permission to Release form. These forms are available in the grey wall files outside Casa A or from our Shutterfly website [www.mswparents.shutterfly.com](http://www.mswparents.shutterfly.com)
- We do not administer medications such as antibiotics, cold & cough remedies, etc. but, if your child has an allergy, dietary requirements and/or requires essential medication, such as an epi-pen or insulin, you must discuss this directly with one of our staff so that the proper procedure and documentation can be put in place
- We have some children in our program who have life-threatening allergies. It is therefore VERY IMPORTANT that you consult our Allergy List and Nutrition Sheet before preparing your child's snack
- Also, because of serious allergies, your child's lunch bag should be clearly marked with his/her name. Children will not share food. We check lunch bags and, if your child's name is not marked on it, then we will add it [www.mswparents.shutterfly.com](http://www.mswparents.shutterfly.com)
- Children should not be left unsupervised anywhere inside the Church. When you hand your children over to us, we assume responsibility for their safety. Before they are handed over to us and after they are handed back to you, they are under your supervision and are your responsibility. Children should not be allowed to run in the hallways and you should discourage noisy, disruptive behaviour inside the Church. Other people are working and using the Church and we do our best not to disturb them. Also, please ensure that your children are carefully supervised in the car park

## PLEASE BE AWARE THAT ...

- our program does not operate on PD Days or Board holidays
- Late fees are \$1/minute & will be billed separately
- Monthly fees have been calculated according to the calendar issued by the Upper Grand District School Board and you are not charged for PD days. The fees are based on an annual amount and divided into ten equal payments
- We require **one month's notice** if you choose to withdraw your child from our program or you must forfeit that month's fee
- There will be no refund of fees for staggered entrance or absence due to illness, family holidays or any other circumstances

- There is a \$40 fee for NSF cheques/withdrawals

Thank you for choosing us,

Glynis Hamilton

# MONTESSORI SCHOOL OF WELLINGTON

FOR CHILDREN ATTENDING CENTRAL PUBLIC SCHOOL

68 Suffolk Street West, GUELPH, Ontario N1H 2J2

519 821 5876

montessori.wellington@bellnet.ca

## ENROLMENT AGREEMENT 2017 – 2018

**PLEASE COMPLETE FORMS & ATTACH \$250 DEPOSIT FEE & PAD AGREEMENT**

**MAIL OR DELIVER TO: Montessori School of Wellington**

**Dublin Street United Church, 68 Suffolk Street West**

**GUELPH, ON, N1H 2J2**

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### PROGRAM SELECTION

<input type="checkbox"/>	before school	7:30 - 8:45 am	\$150/month
<input type="checkbox"/>	after school	3:15 - 6:00 pm	\$280/month
<input type="checkbox"/>	before & after school	7:30 - 8:45 am AND 3:15 - 6:00 pm	\$400/month

**START DATE:** \_\_\_\_\_

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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 Postal Code Work Phone

\_\_\_\_\_  
Mother's Full Name Company Name

\_\_\_\_\_  
Work Address Postal Code Work Phone

Mother's cell phone: \_\_\_\_\_ Father's cell phone: \_\_\_\_\_

email address: \_\_\_\_\_ child resides with: \_\_\_\_\_

Siblings: **NAME** **AGE**  
\_\_\_\_\_

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

# Montessori School of Wellington

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### 2017 - 2018

#### 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 program 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 Montessori School of Wellington, through its staff and owners, into whose care the above named has been entrusted, to consent to any Xray 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 Montessori School of Wellington 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

**Note:** If parents are living together, then only one parent's signature is required. If parents are not living together, then both parents' signatures are required.

**FOR OFFICE USE**

<b>Program:</b>	<b>Reg. Deposit Rec'd:</b>
<b>Start Date:</b>	<b>PAD Agreement Rec'd:</b>
<b>Discharge Date:</b>	