

# MONTESSORI SCHOOL OF WELLINGTON SCHOOL-AGE PROGRAM Westminster Woods Public School

Tel: 519 362 7695

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

## 2019 - 2020

### WELCOME EVERYONE!

Thank you for choosing the Montessori School of Wellington School-Age Program at Westminster Woods Public School. Our Before and After school programs are extensions of your child's day where they can work, play, socialize and develop their practical and cognitive creative skills. We are all looking forward to a positive and productive relationship with your family.

#### BEFORE SCHOOL PROGRAM 7:00 to 8:30 am

- **7:00 am** Before School children should be dropped off at the Rm. 103 for JK/SK children and in Rm. 201 for the School age (Grade 1 - 6) where our staff will be waiting to greet them
- Children can bring their breakfast to eat in the program (SEE HEALTH & SAFETY). We will then have planned and free choice activities, and also outdoor time
- **8:30 am** Our staff will hand the children over to their Public-School teachers

#### AFTER SCHOOL PROGRAM 2:50 to 6:00 pm

- **2:50 pm** After School (Grade 1-6) children should come directly and promptly from their classrooms to Room 201 or 203. Kindergarten students will be picked up by one of our staff and be in Rm. 103. Grade 1 and 2 students will be picked up at their classrooms for the first week. After that, they should make their own way to Rm. 201/203
- Children should bring a **nutritious** snack to eat in the After-School Program (SEE HEALTH & SAFETY)
- Our curriculum is based on a blend of emergent curriculum, Montessori philosophies and through the professional learning resource - "How Does Learning Happen". The children are actively involved in planning and organizing activities that enhance and challenge their individual growth. We will also have physical activities every day either in the gym or outdoors

#### 6:00 pm

- Parents should come directly into their child's classroom to pick up their children. Children must shake hands with their teacher before leaving, so that we can keep track of attendance
- Our After-School Program ends at 6:00 pm Late fees are \$1/minute & will be billed separately

#### FEES & DOCUMENTATION

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

- New families must pay a security deposit of \$250 per family. 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
- We use the "PAD" format for collecting fees. When you receive our "Personal Pre-Authorized Debit Form," please follow the instructions provided on the form and return it to us, also, **returning** families do not have submit a new pad if your banking information hasn't changed
- completed Enrolment Agreement- **PLEASE INCLUDE COMPLETE ADDRESSES WITH POSTAL CODES**
- allergy information, if applicable
- Families (parent and child) **must visit** our program personally prior to enrolment. Please call 519 821 5876 to make an appointment

- If your child has been assigned an EA (Educational Assistant) dedicated or otherwise during the core school day, then the parent is responsible for providing an EA for the Before and After school programs. Parents must sign a consent form regarding the sharing of information between the core day teacher, EA, and our Before and After school staff

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 Westminster Woods during the hours of our before or after school programs – give to our supervisor

## PROGRAM CHANGES

- There is a \$20 fee for every permanent program change initiated by a parent
- If you wish to change the day(s) that your child attends on a one-off basis, this will be considered as additional time and there will be an additional cost involved

## TOILET TRAINING

The following are our identified toilet skills, please indicate on your child's forms below which level he/she is at:

1. Still in diapers, no independent toilet skills
2. Still in diapers, has begun to work on some toilet skills (pulls up/down diaper, shows some awareness of the need to use the toilet)
3. Out of diapers, uses adult sized toilet independently, still has accidents and/or needs adult support (wiping, etc.)
4. Out of diapers, uses adult sized toilet independently, rarely has accidents, does not need adult support
5. Complete toilet independence without reminders, accidents or adult support

## THINGS TO BRING

- a **nutritious** snack for the morning and/or afternoon (SEE HEALTH & SAFETY)
- indoor shoes, particularly during the winter months

## 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

## COMMUNICATION

- Once you have enrolled your child(ren) in our program, you will receive the following documents:
  - Parent Handbook
  - Parent Handbook Agreement Form
- We will send you an invitation to join our private Shutterfly website where you will have access photographs and information about your child's activities in our program
- Everyday communication, such as absence, can be directed to **519 362 7695**. You can also contact me, Glynis Hamilton, at 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

## HEALTH & SAFETY

- You should let your child's Public-School teacher know that s/he is enrolled in our program
- If you are unexpectedly delayed, please call us at **519 362 7695** and leave a message and/or a phone number where you can be reached. Messages are checked regularly

- It is VERY IMPORTANT that you call us at **519 362 7695** if your child is going to be absent. When a child doesn't show up, we have to start a lengthy procedure to find him/her. If your child is absent due to illness, please leave details of his/her symptoms so that we can watch for similar symptoms in other children and our staff
- 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 from the staff. This person will be asked for photo ID
- 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  
[itwww.mswparents.shutterfly.com](http://www.mswparents.shutterfly.com)

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**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
- The allocation of children to classrooms in our program is at the sole discretion of the licensee
- There will be no refund of fees for staggered entrance or absence due to illness, family holidays or other circumstances
- There is a \$40 fee for NSF cheques/withdrawals

All the best,

GLYNIS HAMILTON

**MONTESSORI SCHOOL OF WELLINGTON SCHOOL-AGE PROGRAM**  
**Westminster Woods Public School**  
**ENROLMENT AGREEMENT 2019 – 2020**

Tel: 519 362 7695

e-mails: montessori.wellington@bellnet.ca

**IMPORTANT!**

**PLEASE SUPPLY ALL REQUESTED INFORMATION - INCOMPLETE FORMS CANNOT BE PROCESSED.**

*Please complete forms and attach a cheque for \$250 deposit fee*

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**PROGRAM SELECTION** (check program/s desired)

<b>GRADES JK TO 6</b>	<b>HOURS</b>	<b>DAYS</b>	<b>MTHLY FEE</b>
<input type="checkbox"/> before school	7:00 – 8:30am	Monday to Friday	\$170.00
<input type="checkbox"/> before and after school	7:00 – 8:30am & 2:50 – 6:00pm	Monday to Friday	\$480.00
<input type="checkbox"/> after school	2:50 – 6:00pm	Monday to Friday	\$350.00

When enrolling 2 children there will be a discount of 5% for the 2<sup>nd</sup> child  
 When enrolling 3 children there will be a discount of 5% for the 2<sup>nd</sup> and 3<sup>rd</sup> child

**Date you would like your child to start:** \_\_\_\_\_

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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: _____	Mother's email: _____		
Father's cell phone: _____	Father's email: _____		
Child resides with: _____	Is there a custody agreement? _____		

If parents are not living together, but share custody then we require:

\_\_\_\_\_  
Parent's Name                      Parent address (street, city, postal code)                      Phone Number

If your child has siblings, please list their name and age below:

NAME: \_\_\_\_\_                      AGE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**PERSONS TO CALL IF PARENTS UNAVAILABLE\***

\_\_\_\_\_  
Name                      Address                      Phone                      Relationship

\_\_\_\_\_  
Name                      Address                      Phone                      Relationship

**\*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)\*\***

\_\_\_\_\_  
Name                      Phone

\_\_\_\_\_  
Name                      Phone

**\*\*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.**

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**HEALTH INFORMATION**

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Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Allergies: Type: \_\_\_\_\_

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

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

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Dietary, exercise and rest 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                        |                          |                            |

**TOILET TRAINING**

Please circle your child's current level, according to our toilet skills listed above:

1      2      3      4      5      Comments: \_\_\_\_\_

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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.

\_\_\_\_\_  
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 the Montessori School of Wellington After School Program, 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

**Note:** Only one signature is required, as long as both parents are living together. If parents are not living together then two signatures are required.

**IMPORTANT!**  
**PLEASE SUPPLY ALL REQUESTED INFORMATION**  
**INCOMPLETE FORMS CANNOT BE PROCESSED**

FOR OFFICE USE	
Program:	Reg. Deposit Rec'd:
Start Date:	PAD Agreement Rec'd:
Discharge Date:	Reg. Deposit returned:







