

# MONTESSORI SCHOOL OF WELLINGTON

519 821 5876

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

2019 - 2020

## IMPORTANT INFORMATION

Thank you for choosing the Montessori School of Wellington.

### IN THE BEGINNING...

- Children should be dropped off at the Church door facing onto Suffolk Street. Parents should not come into the cubby area. Staff will be there to supervise the children and help them get ready for class
- 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. Please remember to dress your child appropriately for the weather

### FEES & CONTRIBUTIONS

- New families must pay a security deposit of \$250 per family which is due on June 1, 2019. 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 previously, we do not need it again
- A registration deposit of one tenth of the annual tuition is due upon submission of completed enrolment forms. This is a non-refundable registration fee and is the last month's tuition fee for June, 2020
- Please complete the "Personal Pre-Authorized Debit Form" and return a hard copy to us
- Tuition fees are based on an annual amount and divided into ten equal payments, you are not charged for PD days, Ministry Mandated Days or holidays during the school year
- There will be no refund of fees for staggered entrance or absences due to illness, family holidays or any other circumstances
- We require one month's notice if you choose to withdraw your child from our program or you must forfeit that month's fee
- Parents contribute snack supplies as listed on our Snack Rotation calendar
- Late fees are \$1/minute & will be billed separately
- There is a \$40 fee for NSF cheques/withdrawals

### 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

### DOCUMENTATION WE NEED

Before your child can start with us, please submit the following:

- completed Enrolment Forms
- copy of birth certificate
- immunization information
- allergy information, if applicable
- completed Personal Pre-Authorized Debit Form

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

## THINGS TO BRING

### ALL CHILDREN

- a pair of indoor shoes once we get into boot weather - 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 cup – no sipper cups please
- a recent photograph of your child

### TOILET TRAINING

The following are our identified toilet skills:

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.

In order to start the Casa program, your child needs to be a level 4 or 5. We are not licensed to change diapers and we have no diaper-changing facilities. We understand that reliably toilet-trained children may regress due to transition to a new setting, but if a child is still having "accidents" after a month, then we may have to ask you to remove your child and start again at a later date.

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

- lunch, eating utensils and napkin packed in a lunch box which is marked with your child's name. The lunch bag must 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

### CLOSURES

- our program DOES operate on UGDSB PD Days until 3:45pm (NO AFTER SCHOOL PROGRAM)
- our program DOES NOT operate on Montessori School of Wellington PD days, Ministry Mandated Days or Public Holidays

### HEALTH & SAFETY

- 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
- There are 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 lunch
- 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
- You should call us at **519 821 5876** if your child is going to be absent. 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 grey wall racks outside Casa A or from our Shutterfly website. This person will be asked for photo ID
- If you need to get any documents 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

### AT THE END...

- at pick-up times, you should wait outside our front door for your child to be dismissed. Parents should not come into the cubby area at pick-up time so that the teachers can keep their attention on the children still in their care

We are so happy that you chose the Montessori School of Wellington and we are looking forward to a happy and productive relationship with your family.

Glynis Hamilton

**MONTESSORI SCHOOL OF WELLINGTON**  
68 Suffolk Street West, GUELPH, Ontario N1H 2J2  
519 821 5876  
montessori.wellington@bellnet.ca

**ENROLMENT AGREEMENT 2019 - 2020**

Between:

**MONTESSORI SCHOOL OF WELLINGTON LIMITED**  
(hereinafter known as "MONTESSORI")

-and-

(hereinafter known as the "PARENT")

**ADMISSION REQUIREMENTS:**

Each child will be judged on his or her own merits and suitability for entrance into the program. An informal interview will be required among the PARENT, child and teacher as part of the application procedure.

Admissions are accepted only for the entire year or for the remainder of the academic year if enrolled after opening date.

All children must be at least thirty-one (31) months of age by the first day of the academic year and be **RELIABLY TOILET TRAINED**. The first day of the academic year shall be the first Tuesday after Labour Day Statutory Holiday.

**APPLICATION PROCEDURES:**

A PARENT shall apply to have a child enrolled in a program by:

- i) satisfying the admission requirements;
- ii) completing, executing and returning this Enrolment Agreement,
- iii) providing the deposit fee and the PAD (Pre-Authorized Debit Agreement)

**ACCEPTANCE FOR ENROLMENT:**

MONTESSORI shall notify the PARENT in writing of the child's acceptance into the program applied for, which acceptance shall be reserved to the absolute discretion of MONTESSORI. Upon acceptance of the child by MONTESSORI this Agreement shall constitute a legally binding contract and the registration deposit herein referred to shall be non-refundable.

Each child's initial acceptance into a program shall be conditional for a period of three (3) months commencing on the child's first day in attendance in the program of enrolment in order that the child's teacher may assess the child's ability to function within the program. If, in MONTESSORI's opinion, the child is not able to function within the program, the enrolment shall be terminated at MONTESSORI's option and tuition shall be paid on a pro rata basis up to the time of the termination of the enrolment. MONTESSORI further reserves the right to end any enrolment during the balance of the school year if circumstances so warrant enrolment to be ended. If enrolment is terminated by MONTESSORI, tuition shall be pro-rated up to the time enrolment is ended.

**REGISTRATION:**

Upon receipt by MONTESSORI of a fully completed and duly executed Enrolment Agreement, together with payment of the deposit fee and the "Pre- Authorized Debit Agreement (PAD), registration will be considered complete.

**TUITION FEES:**

The PARENT is required to pay the Registration and Tuition as stated for the full academic year from the first Tuesday following Labour Day Statutory Holiday to the last Friday in June inclusive. Non-school time such as weekends, statutory holidays, bad weather closing, professional development days, Christmas and Easter vacation and spring break are all part of the academic year. MONTESSORI has no obligation to refund tuition fees when a child is withdrawn by a PARENT. Any PARENT who withdraws their child from the program may request, in writing, a full or partial refund of tuition and MONTESSORI reserves the right to give such a PARENT a full or partial refund of tuition fees if, in the opinion of MONTESSORI, such a refund is appropriate. No refund of fees will be given due to absence of a child due to illness, family holidays or any other circumstances.

If enrolling two children there will be a 5% discount off the annual tuition fee of the younger sibling, provided that at least one of the two children is enrolled in the full day program.

The PARENT agrees to pay MONTESSORI the tuition charges for the school year.

**MONTESSORI SCHOOL OF WELLINGTON**

68 Suffolk Street West, GUELPH, Ontario N1H 2J2

519 821 5876

montessori.wellington@bellnet.ca

**ENROLMENT AGREEMENT 2019 - 2020 cont'd**

**RELEASE:**

The PARENT understands that in the event of illness or accident, MONTESSORI or its agents are hereby authorized to seek medical attention or to have the child taken to the nearest hospital by staff vehicle or ambulance for treatment by a qualified medical practitioner.

**INDEMNITY:**

The PARENT understands that young children, even under close supervision, will have occasional accidents. We (I), the PARENT(S), release, indemnify and hold MONTESSORI, its agents and its employees harmless from any and all claims, damages, or other liabilities for injuries to my child which are not a direct result of negligence of MONTESSORI, its agents or employees.

The PARENT agrees to comply with all of the conditions outlined in this Agreement.

\_\_\_\_\_  
Signature of PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
Date of Application (D/M/Y)

\_\_\_\_\_  
Signature of PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
Date of Application (D/M/Y)

**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.

# MONTESSORI SCHOOL OF WELLINGTON

68 Suffolk Street West, GUELPH, Ontario N1H 2J2

**519 821 5876**

**montessori.wellington@bellnet.ca**

## ENROLMENT AGREEMENT 2019 – 2020

**PLEASE TICK REQUIRED PROGRAMS**

<b>For children 2.5 to 3yrs 8mos (born after Dec. 31/15)</b> These rates include snacks AND catered lunch  <input type="checkbox"/> Full Day                      8:45am – 3:45pm <input type="checkbox"/> Ext Day                         8:45am – 12:45pm <input type="checkbox"/> Ext Day                         8:45am – 2:45pm	<b>For children 3yrs 8mos or older (born on or before Dec. 31/15)</b> These rates include snacks but NO catered lunch  <input type="checkbox"/> Full day                         8:45am – 3:45pm <input type="checkbox"/> Ext Day                         8:45am – 2:45pm <input type="checkbox"/> Morning                         8:45am – 11:45am <input type="checkbox"/> Afternoon                       12:45pm – 3:45pm
<b>LUNCH, BEFORE &amp; AFTER SCHOOL CARE</b> <input type="checkbox"/> Before School..... 7:30 – 8:45am <input type="checkbox"/> After School..... 3:45 – 6:00pm <input type="checkbox"/> Catered Lunch.....11:45am – 12:45pm	

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

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

### 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?: <input type="checkbox"/> YES <input type="checkbox"/> NO		

If parents are not living together, but share custody of their child(ren) then we require:

_____	_____	_____
Mother's Name	Address (street, city, postal code )	Cell#
_____	_____	_____
Father's Name	Address (street, city, postal code)	Cell#

If your child has siblings, please list their names and ages below:

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

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

**HEALTH INFORMATION**

_____	_____	_____
Doctor's Name		Phone
_____	_____	_____
Address	City	Postal Code

Allergies: Type: \_\_\_\_\_  
 Symptoms: \_\_\_\_\_  
 Treatment: \_\_\_\_\_

\_\_\_\_\_ Dietary, rest and exercise requirements

List of any physical, emotional or learning challenges that your child is experiencing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOILET TRAINING**

In accordance with our section on toilet training on IMPORTANT INFORMATION, please circle your child's current level:

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

# MONTESSORI SCHOOL OF WELLINGTON

68 Suffolk Street West, GUELPH, Ontario, N1H 2J2

519 821 5876

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

## ENROLMENT AGREEMENT 2019 - 2020

### 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                        |                          |                            |

### PERSONS TO CALL IF PARENTS UNAVAILABLE\*

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.

### 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 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.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

# MONTESSORI SCHOOL OF WELLINGTON

68 Suffolk Street West, GUELPH, Ontario, N1H 2J2

519 821 5876

montessori.wellington@bellnet.ca

## ENROLMENT AGREEMENT 2019 - 2020

### 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.

---

Signature of Parent or Legal Guardian

Date

---

Signature of Parent or Legal Guardian

Date

### 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:



# MONTESSORI SCHOOL OF WELLINGTON PAD AGREEMENT

In this agreement, "I" "me" and "my" refers to each account holder who signs below

1. I agree to participate in this Pre-Authorized Debit Plan for payment of fees to Montessori School of Wellington Limited. I authorize the Payee indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in electronic form for the purpose of tuition fees (a "Personal PAD") on my account as indicated on the reverse hereof the ("Financial Institution") I authorize the Financial Institution to honour and pay such debits. This agreement and my authorization are provided for the benefit of the Payee and my Financial Institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association. I agree that any direction that I may provide to draw a Personal PAD, and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as if signed by me
2. I may revoke or cancel this Agreement at any time upon notice been provided by me in writing. I acknowledge that in order to revoke or cancel the authorization provided in this Agreement, I must provide 30 days' notice of revocation or cancellation to the Payee. This agreement applies only to the method of payment I agree and that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between me and the Payee. The payee shall use best efforts to cancel the PAD in the next business, billing or processing cycle but shall within not more than 30 days for the notice cease to issue any new PADs. I understand that I may obtain a sample cancellation form, or further information on my right to cancel a PAD Agreement, at my financial institution or at [www.cdnpay.ca](http://www.cdnpay.ca)
3. You have certain recourse rights if any debit does not comply with this Agreement. You have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)
4. I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency, and fulfillment of any Personal PAD
5. I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the payee may deliver this Agreement to the Payee's Financial Institution and agree to the disclosure of any personal information which may be obtained in this Agreement to such Financial Institution
6. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs
7. In the event that we are not notified in writing at least ten (10) business days prior to the next due date of a Personal PAD, then the regular NSF fee of \$40 will apply
8. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. I understand and agree to the foregoing terms and conditions
9. I agree to comply with the rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein
10. The Payor's Authorization is given on the 1st and/or 15th of each month with set monthly fees as well as authorization to have variable debits which may include; extra hours incurred by the payee, or change of program fees
11. **In the event that a payment is returned non-sufficient funds ("NSF"), the Payor consents to pay Montessori School of Wellington School Limited an additional PAD in the amount of forty dollars (\$40) representing the NSF fee. Montessori School of Wellington Limited will process the additional PAD within (30) days from the date of the original attempted payment**

\_\_\_\_\_  
Signature of Payor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Payor

\_\_\_\_\_  
Date

# PAYOR'S PAD AGREEMENT

## Personal Pre-Authorized Debit Plan Authorization of the Payor to the Payee to Direct Deposit Account

### INSTRUCTIONS:

1. Complete all sections in order for your financial institution to make payments directly from your account.
2. Sign the Terms and Conditions on the reverse side of this document.
3. Return the completed form with a blank cheque marked "VOID" to the Payee at the address noted below.
4. If you have any questions, please write or call the Payee

### PAYOR INFORMATION (please type or print clearly)

Payor's Name:	
Address:	
Telephone:	
Signature(s):	Date:

### PAYEE INFORMATION

Payee Name:	<b>Montessori School of Wellington Limited</b>
Address:	<b>68 Suffolk St. West, Guelph, N1H 2J2</b>
Telephone:	<b>519 821 5876</b>
Email:	<b>montessori.wellington@bellnet.ca</b>

**Please attach blank "VOID" cheque here**