

MONTESSORI SCHOOL OF WELLINGTON SCHOOL-AGE PROGRAM

Westminster Woods Public School

Tel: 519 362 7695

e-mail: wellington.montessori.enrollment@gmail.com

2022 - 2023

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 ONLY:** are required to pay a **non-refundable registration fee** of \$100 per family. This registration fee covers the cost of the enrollment process, and ensures that you have a spot for as long as your child is enrolled. **If you are a returning family and have already given a deposit fee, this will be returned to you when your child leaves the program.**
- 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 WHERE INDICATED ON THE FORMS- Incomplete forms will not be processed**
- we need allergy information, if applicable
- 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
2 Samuel Drive, Guelph N1L 0K2**

OR

- Drop off: in the black mail box to the right of the front door at the above address, day or night.

PROGRAM CHANGES

- There is a \$20 fee for every permanent program change initiated by a parent

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

In order to start in our 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 the 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.

As well as being toilet trained, children should be able to feed themselves, drink from a regular cup and have a beginning ability to dress and undress themselves

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 secure 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 us, Glynis Hamilton, Meenal Verma, or Rayna Lew at 519 821 5876 or wellington.montessori.enrollment@gmail.com 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 and must be a minimum of 18 years of age. 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 it

www.mswparents.shutterfly.com

www.mswparents.shutterfly.com

PLEASE BE AWARE THAT ...

- our program does not operate on PD Days or Board holidays or Strike days
- 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, strike days or any 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 2022 – 2023

Tel: 519 362 7695

e-mails: wellington.montessori.enrollment@gmail.com

IMPORTANT!

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

Please complete forms and attach a cheque for the \$100 non-refundable registration fee – NEW FAMILIES ONLY

PROGRAM SELECTION (check program/s desired)

| GRADES JK TO 6 | HOURS | DAYS | MTHLY FEE |
|--|-------------------------------|------------------|------------------|
| <input type="checkbox"/> before school | 7:00 – 8:30am | Monday to Friday | \$180.00 |
| <input type="checkbox"/> before and after school | 7:00 – 8:30am & 2:50 – 6:00pm | Monday to Friday | \$510.00 |
| <input type="checkbox"/> after school | 2:50 – 6:00pm | Monday to Friday | \$370.00 |

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

Date you would like your child to start: _____

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

Doctor's name _____ Phone _____

Address _____ City _____ Postal Code _____

Allergies: Type: _____

Symptoms: _____

Treatment: _____

Dietary, exercise and rest Requirements _____

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

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. fee Rec'd: |
| Start Date: | PAD Agreement Rec'd: |
| Discharge Date: | |