

# MONTESSORI SCHOOL OF WELLINGTON BEFORE AND AFTERSCHOOL Westminster Woods Public School

Tel: 519 362 7695

e-mail: [wellington.montessori.enrollment@gmail.com](mailto:wellington.montessori.enrollment@gmail.com)

## 2024 - 2025

### 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 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 \$ 5/minute for 1-5min + \$ 1/minute for 5+ min that is due upon pick up to staff members staying past closing time

#### 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
- 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 to 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 your child must have an EA for our 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. Parents and operators must meet to discuss this before the child starts in our program

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 mailbox to the right of the front door at the above address, day or night.

**OR**

- Hand over the filled forms to the supervisor at the location

## **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 later.

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 Homeroom app where you will have access to 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](mailto: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 must 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

### **PLEASE BE AWARE THAT ...**

- our program does not operate on PD Days or Board holidays or Strike days
- Late fees are \$ 5/minute for 1-5min + \$ 1/minute for 5+ min that is due upon pick up to staff members staying past closing time
- 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 BEFORE AND AFTERSCHOOL

## *Westminster Woods Public School*

### ENROLMENT AGREEMENT 2024 – 2025

Tel: 519 362 7695

e-mails: [wellington.montessori.enrollment@gmail.com](mailto: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*

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

JK/ SK School Classroom	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

GRADES 1 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 .....	\$530.00
<input type="checkbox"/> after school.....	2:50 – 6:00pm.....	Monday to Friday .....	\$390.00

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: \_\_\_\_\_

\*\*\*\*\*

#### 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

Legal Guardian #1 Full Name	Company Name		
Work Address	City	Postal Code	Work Phone
Legal Guardian #2 Full Name	Company Name	Work Phone	
Work Address	City	Postal Code	Work Phone
Legal Guardian #1 cell phone: _____	Legal Guardian # email: _____		
Legal Guardian #2 cell phone: _____	Legal Guardian #2 email: _____		
Child resides with: _____	Is there a custody agreement? _____		

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

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Legal Guardian #1 Name	Address (street, city, postal code)	Phone Number
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Legal Guardian #2 Name	Address (street, city, postal code)	Phone Number
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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\***

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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.**

**MONTESSORI SCHOOL OF WELLINGTON BEFORE AND AFTERSCHOOL**  
**Westminster Woods Public School**

**ENROLMENT AGREEMENT 2024 – 2025**

Tel: 519 362 7695

e-mail: [wellington.montessori.enrollment@gmail.com](mailto:wellington.montessori.enrollment@gmail.com)

**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 \_\_\_\_\_

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

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**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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**MONTESSORI SCHOOL OF WELLINGTON BEFORE AND AFTERSCHOOL**  
***Westminster Woods Public School***  
**ENROLMENT AGREEMENT 2024 – 2025**

Tel: 519 362 7695

e-mail: [wellington.montessori.enrollment@gmail.com](mailto:wellington.montessori.enrollment@gmail.com)

**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**

<b>FOR OFFICE USE</b>	
Program:	Reg. fee Rec'd:
Start Date:	PAD Agreement Rec'd:
Discharge Date:	

# 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 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 of 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>2 Samuel Drive, GUELPH, Ontario N1L 0K2</b>
Telephone:	<b>519 821 5876</b>
Email:	<a href="mailto:wellington.montessori.enrollment@gmail.com"><u>wellington.montessori.enrollment@gmail.com</u></a>

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