

# APPLICATION FOR ENROLLMENT



Guelph Montessori School

519-836-3810

*"... Children are human beings to whom respect is due, superior to us by reason of their  
"innocence" and of the greater possibilities of their future..."*

*Dr. Maria Montessori*

For: \_\_\_\_\_



# STUDENT INFORMATION

(PLEASE FULLY COMPLETE THIS FORM)

Child's Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Sex (M F) \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Birth date (D / M / Y) \_\_\_\_\_ Place of Birth \_\_\_\_\_

How did you hear about the Guelph Montessori School? \_\_\_\_\_

Name and location of school last attended \_\_\_\_\_

## PROGRAM SELECTION (check programs desired)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Toddler Program 4 Full Days a Week | <input type="checkbox"/> Primary Half Day Program AM + Lunch | <input type="checkbox"/> Lower Elementary Program (Gr.1-3) |
| <input type="checkbox"/> Toddler Program 5 Full Days a Week | <input type="checkbox"/> Primary Full Day Program (2.5-3.8)  | <input type="checkbox"/> Upper Elementary Program (Gr.4-6) |
| <input type="checkbox"/> Primary Half Day Program AM        | <input type="checkbox"/> Primary Full Day Program (3.8-6)    | <input type="checkbox"/> Middle School (Gr.7-8)            |
| <input type="checkbox"/> Extended Care AM                   | <input type="checkbox"/> Extended Care PM                    |  |

## PARENT INFORMATION

Father's Full Name \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child resides with:  Both Parents  Mother  Father  Other: \_\_\_\_\_

Please add my name, address and telephone number to the school's Student list  YES  NO

## EMERGENCY INFORMATION

Does your child have any food allergies or special medical requirements? \_\_\_\_\_

Names for emergency contacts other than parents:

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

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

## CHILD DROP-OFF AND PICK-UP PERMISSION (other than parents)

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

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

 A written note granting permission for the child to be released with anyone other than the persons named above is required.

 Parents applying for the Elementary program are required to submit proof of age by attaching a copy of the child's birth certificate to the application for enrollment.

# ENROLLMENT AGREEMENT

(PLEASE READ CAREFULLY)

This agreement is made between GUELPH MONTESSORI SCHOOL LIMITED (845017 Ontario Inc.), hereinafter known as the SCHOOL and the Parent or Legal Guardian, 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 Primary Program children must be two and one half years of age by the first day of the academic year and be **reliably toilet trained**.

All Elementary applicants must have attained the age of six years by the 31st of December in their initial year of enrollment and provide a valid birth certificate.

## 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 Application for Enrollment to the School;
- III) providing the registration deposit and post-dated cheques for the balance of the tuition, for the appropriate program, in accordance with Schedule A-Tuition and Fee Information.

## ACCEPTANCE FOR ENROLLMENT

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

## PROBATION PERIOD

Each child's initial acceptance into a program shall be conditional for the period of one month commencing on the child's first day in attendance in the program of enrollment in order that the child's teacher may assess the child's ability to function within the program. The child's teacher will advise the PARENT of the child's inability to so function within the program prior to or at the end of the one-month period. The SCHOOL reserves the right to end enrollment during the school year if circumstances so warrant.

## REGISTRATION

Upon receipt by the SCHOOL of a fully completed and duly executed Application for Enrollment, together with payment of the appropriate registration deposit and the delivery of post-dated cheques for the balance of the tuition fee, in accordance with Schedule A, registration will be considered complete.

## TUITION FEES AND POSSIBLE REFUNDS:

- a) The PARENT is required to pay the Registration and Tuition as stated in Schedule A for the full academic year from the first Tuesday following the Labour Day Statutory Holiday to the third Friday in June.
- b) Non-school time such as week-ends, statutory holidays, bad weather closings, professional development days, Christmas and Easter vacation and Spring Break are all part of the academic year.
- c) The SCHOOL reserves the right but is not obligated to refund tuition should the administrator decide it would be inadvisable for the child to continue in the program. All circumstances from pre-registration meetings to the time of the school's termination shall be considered with regard to any possible rebate. The decision of the SCHOOL and its administration regarding possible refund or partial refund of tuition shall be final and not negotiable.
- d) The PARENT who finds it necessary to withdraw their child from the program may do so. However, there will be no refund from the school.
- e) The PARENT agrees to pay GUELPH MONTESSORI SCHOOL the tuition charges for the school year as stated in Schedule A Tuition and Fee Information.

## RELEASE INDEMNITY

The PARENT understands that in the event of illness or accident, the SCHOOL or its agent are hereby authorised 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 attendant.

The PARENT understands that young children, even under close supervision, will have occasional accidents. We, (I) the PARENT(S), release, indemnify and hold the SCHOOL, 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 the SCHOOL, its agents or employees.

We give permission for the use of names and photographs in school newsletters, bulletin boards and promotional materials.

Date of Application \_\_\_\_\_

\_\_\_\_\_  
*Parent / Guardian*

\_\_\_\_\_  
*Parent / Guardian*