

### APPLICATION FOR ENROLMENT

#### PROGRAMME REQUESTED (Refer to page 4)

1st choice	2nd choice	Child's Birth Date (yyyy/mm/dd)
------------	------------	---------------------------------

#### CHILD

First Name	Middle	Last	Male	Female
------------	--------	------	------	--------

Child's Home Address	Postal Code	Home Phone
----------------------	-------------	------------

#### Parent/Guardian 1:

Name	Home Address & Postal Code	Home Phone
Occupation	Work Place and Address	Mobile Phone
Relationship to Child	Email Address	Work Phone

#### Parent/Guardian 2:

Name	Home Address & Postal Code	Home Phone
Occupation	Work Place and Address	Mobile Phone
Relationship to Child	Email Address	Work Phone

#### INDIVIDUALS TO WHOM CHILD MAY BE RELEASED (These individuals may be required to show valid photo identification upon pick-up.)

Full Name	Relationship

#### EMERGENCY CONTACT PERSONS (in case parent/guardian can not be reached)

<b>1</b>	Name	Address	Phone #	Mobile #
<b>2</b>	Name	Address	Phone #	Mobile #

#### MEDICAL INFORMATION

<b>Manitoba Health:</b>	Registration #	Child's Health ID # - 9 Digits
Child's Doctor	Phone #	Address

**MEDICAL RELEASE:** I give the staff of St. James-Assiniboia Montessori School permission to act on my behalf to deal with any medical emergency which may arise.

**DATE:** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**MEDICAL QUESTIONNAIRE**

Please complete the following. Specify 'yes' if physician diagnosed.

- 1. Life Threatening Allergy YES  NO  If yes specify: \_\_\_\_\_
- 2. Prescribed an Epipen YES  NO  Epipen provided to school YES  NO
- 3. Asthma YES  NO  Inhaler provided to school YES  NO
- 4. Bleeding disorder YES  NO
- 5. Diabetes YES  NO
- 6. Heart Condition YES  NO
- 7. Seizure Disorder YES  NO
- 8. Other significant conditions that are physician diagnosed (i.e. ulcerative colitis, Crohns, transplants, spina bifida, permanent physical limitations). \_\_\_\_\_

Please list all allergies or sensitivities:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This medical information is being collected so that appropriate health care plans may be developed and may be necessary to obtain funding. This information will only be shared with appropriate individuals. The information is protected by the Personal Health Information Act.

**CHILD DEVELOPMENT**

The following information may help the teachers to have a better understanding of your child. Please be aware that this information is voluntary as well as confidential.

**SIBLINGS:**

<b>First Name</b>				
<b>Year of Birth</b>				

Has your child received speech therapy? YES  NO   
If yes, please send a copy of the latest assessment.

Has your child been developmentally assessed? YES  NO   
If yes, please send a copy of the latest assessment.

What languages are spoken in your home? English  Other  Please specify: \_\_\_\_\_

Are there any other issues you may need to discuss with the teachers? (Example: Eating habits; life events which may affect the child's behaviour, such as separation/divorce, etc.) YES  NO  If yes, please describe briefly:

---



---



---



---



---

## ADMINISTRATIVE INFORMATION

Please check appropriate boxes below:

### NEIGHBOURHOOD WALKS

On occasion St. James Montessori School may plan activities for the students in which they will go for group neighbourhood walks.

- I grant permission for my child, \_\_\_\_\_ to participate in all neighbourhood walks as arranged by the school.
- I **do not** grant permission for my child, \_\_\_\_\_ to participate in neighbourhood walks.

### FIELD TRIPS

The teachers of St. James Montessori School plan field trips throughout the year. Parents are responsible for transporting their child on all field trips. Permission forms will be sent home prior to each field trip.

### CAR POOLS

- I would like you to exchange my name, email address and phone number with parents wishing to carpool on a regular basis.
- I am willing to pick up and/or deliver another child occasionally, and grant permission for my name, email address and phone number to be shared with other parents.

### PHOTOS

A class picture is taken by a professional photographer in autumn, and on occasion teachers or parents take photos/videos of class activities.

- I give permission for my child to be included in photos/videos taken at school as part of programming, and which may be posted in the classroom or in the school newsletter.
- My child may be included in the class picture but in no other photos/videos at school.
- My child may **NOT** be included in **ANY** photos/videos at school.
- I allow photos/videos of my child taken at school to be used for promotional purposes (Example: posted on the school website, or displayed at Open House).

### E-MAIL/PHONE CONTACT

In order for our school to be as eco-friendly as possible, you will be receiving monthly newsletters via e-mail. On occasion, the Board of Directors may wish to send out reminders and notices via email, or contact you by phone. Your email addresses and phone numbers will only be used for school-related information and will not be shared with other parties.

- I allow Board Members to send reminders and notices via email and contact me by phone.
- I **DO NOT** allow Board Members access to my email address or to contact me by phone.

**2012-2013 CONTRACT**  
 With  
**ST. JAMES - ASSINIBOIA MONTESSORI SCHOOL**

**PROGRAMS OFFERED**

The ideal Montessori primary program is 5 days a week for a period of 3 years (entrance at age 3).

To gain the full benefit of the Montessori materials and philosophy, it is recommended that you choose the program that fits as close as possible to this ideal.

	Program	# of Days	Days Included
<b>Morning</b> 9:00 – 11:30 AM	5AM	5	Monday - Friday
	4AM	4	Monday, Tuesday, Thursday, Friday
	3AM - MW	3	Monday, Tuesday, Wednesday
	3AM - WF	3	Wednesday, Thursday, Friday
<b>Afternoon</b> 1:00 – 3:30 PM	5PM	5	Monday - Friday
	4PM	4	Monday, Tuesday, Thursday, Friday
	3PM – MW	3	Monday, Tuesday, Wednesday
	3PM - WF	3	Wednesday, Thursday, Friday

**FEE SCHEDULE AND PAYMENT INSTRUCTIONS**

1. A non-refundable registration fee of **\$150.00** is required for all programs. This fee covers administrative costs incurred for each child and cheques should be dated on the day your application is submitted. This fee will be refunded to families we are unable to accommodate.
2. **Additionally**, based on a per session charge of \$9.40, annual fees for each program are set out below.
3. An **annual supply fee** of **\$150** will be applied to the monthly tuition fees as outlined below. Upon acceptance into the program, payment will be accepted in full, or as follows:
  - Post-dated cheques (dated the 1<sup>st</sup> of each month) for September to May tuition are required (see table below for the amounts)
  - A **current or post-dated cheque (dated September 1<sup>st</sup> 2012) for the June tuition**. This prepayment of June 2013 tuition is non-refundable. Cash and credit **will not** be accepted.
  - An **In lieu of volunteering** cheque for \$100 post dated to June 15, 2013 and an **In lieu of Fundraising** cheque of \$150 posted dated to June 15, 2013. Both cheques are potentially returned upon participation in the programs as outlined on Page 5.

# of Days	Regis- tration Fee	Supply Fee	Monthly Tuition Sept – May	9 Monthly Post-Dated Cheques (including supply fee)	1 Cheque (Current date) June Tuition	Annual Tuition (10 months)	Total Annual Fees (Tuition, Registration, Supply Fees)
5	\$150	\$150	\$188	\$203	\$203	\$1880	\$2180
4	\$150	\$150	\$150	\$165	\$169	\$1504	\$1804
3	\$150	\$150	\$112	\$127	\$135	\$1128	\$1428

I plan to apply for government subsidy.

## TERMS AND CONDITIONS

1. The children will attend school from Wednesday, September 5, 2012 to June 18, 2013. The school will be closed on all statutory holidays, scheduled In-service Days, two weeks during Winter Break (TBA) and the week of Spring Break (TBA), as set by St. James School Division. A list of important dates will be included in your registration package upon acceptance into the program.
2. Parents will adhere to the following times:

	<b>ARRIVAL</b>	<b>DISMISSAL</b>
<b>Morning Program</b>	8:45 – 9:00 AM	11:30 AM
<b>Afternoon Program</b>	12:50 – 1:00 PM	3:30 PM

3. Parents /guardians will phone or email the school if the child will not be attending class due to illness etc.
4. The Director has the right to request the withdrawal of any child, if this seems to be in the best interests of the child or the school.
5. **CUSTODY**

The school is required by the province to store in your child's file copies of any separation agreements, custody orders and/or other documents relating to custody arrangements of your child.

- Enclosed are photocopies of any relevant custody documents to be placed in my child's file.
- N/A

## **VOLUNTEER REQUIREMENTS**

Parent volunteers are an important part of the operation of our school and the quality of programming. Parents are expected to volunteer for a **minimum of 10 hours** over the school year. Each family is asked to submit a **cheque of \$100** upon acceptance into the program, **post-dated to June 15<sup>th</sup>, 2013**. If the family contributes a minimum of 10 volunteer hours over the school year the cheque will be returned in June. If the minimum hours are not reached the cheque will be cashed on June 15<sup>th</sup>. Volunteer opportunities will be available during and outside of regular school hours.

## **FUNDRAISING REQUIREMENTS**

St. James Montessori School is a non-profit charitable organization and relies heavily on the efforts of all of our families. As such, it is our duty to ensure fundraising initiatives are met. There will be 3 mandatory fundraisers during the year. Each fundraiser will list a reasonable fundraising goal per family. Each family is required to submit an ***In Lieu of Fundraising*** cheque for **\$150 post-dated to June 15<sup>th</sup>**. **For every fundraiser the family reaches their goal, \$50 from the in lieu of fee will be refunded at the end of the year.**

## **WITHDRAWAL POLICY**

This fee arrangement may only be terminated with the consent of the Board of Directors, in cases of reasonable extenuating circumstances.

1. If a child is withdrawn from the program, both the registration fee and the June tuition deposit will be forfeited.
2. Notification of termination must be sent in writing to the Director. From the date of written notice, the current calendar month cheque and the following two calendar months cheques will be kept as a cancellation fee. Upon receipt of such a letter, the remaining post-dated cheques will be returned.
3. If a child is withdrawn after March 1<sup>st</sup> 2013 all tuition fees are forfeit.
4. If a family withdraws and has completed the required 10 hours of volunteer time, their \$100 cheque will be returned. If the family has not completed the minimum requirement of 10 volunteer hours, the \$100 cheque will be kept and cashed on June 15<sup>th</sup>.

**I have read and understand the information provided on this form. I agree to the above terms and conditions. All information I have provided on this application is current and accurate. I agree to notify the school in writing of any subsequent changes. I agree to provide payment according to this schedule and the program my child is accepted into. I understand that any N.S.F. cheques will invoke a \$30 fee & I will provide a replacement upon notice.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## **PARENT INVOLVEMENT**

- I would be interested in becoming a member of the parent executive board.
- I would like to help with social events.

## **HOW DID YOU FIRST HEAR ABOUT OUR SCHOOL?**

- Friend or neighbour
- Newspaper (please specify) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_
- Website