

Application for Admission 2024-2025 (please print)

Date of Admission: _____

Date of Discharge: _____

CHILD: Surname _____ Official First Name _____

D.O.B - D: ___ M: ___ Y: ___ **Age as of Dec. 31/24:** ___ Language spoken at home: _____

Previous School _____ How Long? _____

How did you hear about our school? _____

Names and ages of other children in the family: Brothers _____ Sisters _____

Please add my name and email to the Parent Directory **Yes** _____ **No** _____

PARENT #1 Name: _____ Home address: _____

City: _____ Prov.: _____ Postal Code: _____ Phone: _____

Employer: _____ Occupation: _____

Business Address: _____

Business Tel.: _____ Cell : _____ Email: _____

Custodial Parent: ___ YES ___ NO Call first in case of illness or emergency: ___ YES ___ NO

PARENT #2 Name _____ Home address: _____

City: _____ Prov.: _____ Postal Code: _____ Phone: _____

Employer: _____ Occupation: _____

Business Address: _____

Business Tel.: _____ Cell : _____ Email: _____

Custodial Parent: ___ YES ___ NO Call first in case of illness or emergency: ___ YES ___ NO

Please check off desired program options:

Academic Programs:

TODDLER ___ **CASA** ___

___ Full Program (9am - 4pm)

___ Half Day Mornings* (9am - 12pm **Toddler** and **Casa**)

*Limited spaces

Extended Hours:

___ Extended Morning (8:00am-9am)

___ Lunch Supervision for part-time **Casa** (12:00pm-1:00pm)

___ Extended Afternoon (4pm-5:00pm)



STUDENT FEES 2024-2025

Base Fees:

ONE TIME FEES:

- **REGISTRATION FEE** (for **NEW** applicants only) **160**
 - **ACTIVITY FEES:**
- For **NEW** and **RETURNING** TODDLER students **200**
 For **NEW** and **RETURNING** CASA students **300**

FULL SCHOOL YEAR TUITION in 10 equal MONTHLY installments

TODDLER

Full Program (Including Lunch Supervision) 9 a.m.—4:00 p.m. **1884 per month**

Half Day 9 a.m. – 12:00 p.m. (limited spaces) **1489 per month**

CASA

Full Program (Including Lunch Supervision) 9 a.m.—4:00 p.m. **1812 per month**

Half Day 9 a.m.—12:00 p.m. (limited spaces) **1387 per month**

HOT LUNCH FEE (10 equal **MONTHLY** installments) **140 per month**

For families with 2 children child registered for the same academic year, a **10% discount** is offered on the lowest monthly tuition fee (before additional fees i.e. lunch and extended hours).

MONTHLY FEES FOR EXTENDED HOURS (paid in advance)

- Extended Morning 8:00 a.m.- 9 a.m. **100**
- Lunch Supervision (for half day Casa students) 12:00 p.m. - 1 p.m. **100**
- Extended Afternoon 4:00pm - 5:00 p.m. **100**
- Late Pick up fee: **\$30** fee will be charged for late pick-up from Extended Hours. Repeated late pick up of three times may result in suspension from the Extended Hours program

Non-Base Fees:

FEES FOR OCCASIONAL HOURS

Each single hour or part thereof (not prepaid as above) **\$15**

Childcare fees for extended hours are not discounted. **Occasional hours must be paid the month they are used and the school must be informed in advance.**

***Cheques not honoured when tendered for payment will incur a **\$20** charged to your account to cover charges assessed against NSF by the financial institution.**

Please Note: Our fees are subject to increase from year to year and will be posted no later than January 31st

Payment can be made in the form of a cheque or e-transferred to: info@gibbonsparkmontessori.com



EMERGENCY INFORMATION This form must be completed **annually**

CHILD'S NAME: Last:	First:
DATE OF BIRTH: Day: Month: Year:	OHIP #:

	PARENT #1* to call first	PARENT #2
Name		
Address		
City/Postal Code		
Home Phone #		
Cell Phone#		
Work Phone #		
Email for emergency use		
Employer		
Work Address		

Food Allergies/Food Preferences, Health Conditions
1.
2.

EMERGENCY CONTACTS (to be called if parents cannot be reached, ** Please note that **someone** is to be reachable at **all times**. Emergency contacts must be able to pick up children in the event of illness, emergency or school closure. If the school cannot reach parents or emergency contacts on more than one occasion, it may result in expulsion from the school.

	Contact 1	Contact 2
Name		
Address		
City/Postal Code		
Home Phone #		
Cell Phone#		
Work Phone #		

PERSONS AUTHORIZED TO PICK UP YOUR CHILD -other than parents. A written note or email granting permission to pick up your child is required for anyone not on this list.

Name	Address	Phone #	Relationship

HEALTH CARE CONTACT

	Family Doctor/Pediatrician	Dentist
Name		
Address		
Phone #		
Hospital of Choice:		

PERMISSION FOR MEDICAL TREATMENT

In case of illness or accident, I permit the staff of Gibbons Park Montessori School to obtain the necessary medical treatment (pediatric First Aid/CPR, call a Family Physician or Dentist, arrange a transport to the hospital or urgent care facility by ambulance) for my child. I also agree to take financial responsibility for all charges associated with emergency care of my child.

Parent 1 – SIGNATURE:	Print:	Date:
Parent 2 – SIGNATURE:	Print:	Date:



Permission to post photographs and samples of work on the school bulletin boards, in the monthly newsletters and on the school website and social media (without any identifying names)

Gibbons Park Montessori School has developed a school web site and you can access the site on the Internet. This web site will contain information about the school community and can be visited by anyone in any part of the world who has access to the Internet.

Gibbons Park Montessori School's guidelines for the development of our web site include the following:

- Pictures of students included on our school web must NOT include student names. Similarly, school should not use filenames for pages that include student names. First names can be used for samples of student work.
- When using pictures of persons on the school web site, the school is required to obtain written permission on the form provided.
- School web site content should NOT provide the means for people to contact any student directly. Communication to the school must be directed to the appropriate staff member.

Gibbons Park Montessori School may wish to display a photograph (for example, a team photograph or your child participating in a small group activity) or a sample of your child's work on the school web site. This will be accessible on the Internet. Gibbons Park Montessori School may also wish to display a photograph and samples of work on the bulletin boards and in the monthly newsletters.

There may be a reason why some families do not want their child's photograph or work displayed. In order to comply with these wishes, all parents are asked to return the form at the bottom of this page to the school. Your selection will be in effect until your child leaves the school or until you sign a new form indicating the required change.

Child's Name: _____

___ *I give permission that photographs and/or samples of work of the person named above may be used on the school bulletin boards and in the monthly newsletters.*

___ *I give permission that photographs and/or samples of work of the person named above may be used on the school web site/social media (Facebook).*

___ *I request that that photographs and/or samples of work of the person named above **NOT** to be displayed on the school bulletin boards and in the monthly newsletters.*

___ *I request that that photographs and/or samples of work of the person named above **NOT** to be displayed on the school web site/social media (Facebook).*

* This direction will remain in effect until the child named above leaves the school or until new instructions are received from the Parents.

Parent Name (please print) _____ **Parent Signature** _____



Excursions off GPMS premises:

I give permission for my child to go for walks within the community and off GPMS premises:

Parent Name (please print) _____ Parent Signature _____

Parents will be asked to sign a permission slip before each of the **field trips**.

IMMUNIZATION RECORD

- 1) A copy of Immunization Record provided (an updated copy needs to be provided annually): ____

It is my responsibility to inform the school every time my child receives a new vaccination.

- 2) If you intend to apply for an exemption, please indicate your reasons:

- Medical Exemption _____ (Please complete: *Statement of Medical Exemption**)
- Religious or Conscience Exemption _____ (Please complete: *Statement of Conscience or Religious Belief**)

* Forms are available in the school office

Please note that if you have chosen **NOT** to immunize you are required to keep your child at home should there be any outbreaks of illnesses in the city

Parent Name (please print) _____

Parent Signature _____



SUNSCREEN USE

MY CHILD (full name): _____

Will NOT use any sunscreen at the school (please initial): _____

WILL use sunscreen at the school (please initial): _____

- I will **provide labeled** sunscreen for my child.
- I will apply sunscreen at home prior to sending my child to school.
- I give the GPMS Staff permission to reapply my child's sunscreen before "after lunch" and "after school" playtime.

The permission granted with this form will remain in effect and on file unless the permission is revoked in writing by the parent or guardian.

Parent/Guardian's Name (please PRINT): _____

Parent/Guardian's **Signature**: _____

Date: _____

ATTENTION:

If your child's sunscreen, lotion, lip creams, bug spray, hand sanitizer and diaper cream are **prescription medication** and/or are for **acute (symptomatic) treatment**, and are **not for to their longer-term daily usage** you will be required to:

- Complete **Authorization for Medication Administration** that will indicate the situations under which the medication is to be given.
- Provide **doctor's note for over-the-counter medications** outlining signs and symptoms for administering the drug or medication and the appropriate dosage.

Please contact the office with any questions.



Hand sanitizer use – Permission FORM

MY CHILD (full name): _____

The use of a hand sanitizer provided by the school will be a part of GPMS Hand Hygiene Policy (COVID-19 Response Policies and Procedures) when hands are not visibly soiled or when soap and water are not available.

Please **DO NOT** send hand sanitizer in or attached to your child's backpack or jacket.

➤ I give GPMS permission to use hand sanitizer provided by the school on my child's hands in addition to washing his/her hands with soap and warm water while at school. (please initial): _____

➤ My child **may NOT** use hand sanitizer (please initial): _____

The permission granted with this form will remain in effect and on file unless the permission is revoked in writing by the Parent or Guardian.

The permission given for a child who is younger than 2 will take effect when this child turns 2.

Parent/Guardian's FULL NAME (please PRINT): _____

Parent/Guardian's Signature: _____

Date (DD/MM/YYYY): _____



AUTHORIZATION FOR NON-PRESCRIPTION SKIN PRODUCTS

CHILD INFORMATION

First Name: _____ Last Name: _____

The following non-prescription items (**that are not used for acute, symptomatic treatment***) may be provided by me and applied to my child in accordance with the manufacturer's instructions on the original container (please check off):

- Diaper Creams/Ointment
- Lip balm
- Insect repellent
- Lotion
- Other: _____

* All products containing Drug Identification Numbers **DIN** that **are used for acute, symptomatic treatment**, will require the signed Administration of Drug or Medication form, a schedule of administration and record keeping. The forms will be provided by the school.

Parent/Guardian's FULL NAME (please PRINT): _____

Parent/Guardian's Signature: _____

Date (DD/MM/YYYY): _____



ENROLLMENT AGREEMENT (Please read carefully)

This Agreement is between Gibbons Park Montessori School INC. hereinafter known as the School and the parent or guardian hereinafter know as the Parent.

Admission Requirements

Each child will be judged on his/her own merits and suitability for entrance into the program. An informal interview with the parent, child and teacher will be a part of the application procedure.

Admissions are accepted only for the entire year (except in truly unique circumstances to be discussed on an individual basis).

Toddler Students may be separated into two classes by age at the teachers' discretion. All Casa children must be 3 years old by December 31, 2024 and reliably toilet trained. Maturity and "readiness" for the program will be determined by the teachers regardless of age.

Statement of Non-Discrimination

Gibbons Park Montessori School is committed to the principle of equal opportunity in education and employment. The School does not discriminate on the basis of race, color, sex, national and ethnic origin, religious belief, disability, age, veteran status, ancestry and family structure in the administration of its admission policies, educational policies, employment policies and other school administered programs and activities.

Application Procedures

A parent can apply for admission into a program by:

- 1) Satisfying the admission requirements
- 2) Completing and returning the **Enrolment Package** to the school. (Please make sure that the copy of updated **immunization record** is included).
- 3) A cheque covering the **Registration** and **Activity** fee are due at the time of application.
- 4) A **Non-refundable Deposit** of **one-month tuition plus \$140 hot lunch fee** is required at the time of application. This will be cashed upon acceptance (but applied to June 2025). **This payment will NOT be used for any month other than June in the case of early withdrawal.**
- 5) Post-dated cheques from **September 1st to May 1st (including \$140 hot lunch fee per month)** must be received to finalize registration.

Acceptance for Enrolment: At the time of acceptance the parent will have **one week** to provide all enrolment forms and payments mentioned above to confirm acceptance. At this time, this enrolment agreement shall constitute a legally binding contract between the parent and the school, and Registration fee and Deposit become **non-refundable**.

Probation period: Each child's enrolment is probationary for a period of one month from the first day of attendance. If at any time during this month the teacher feels that the child is not ready for the Montessori classroom the school reserves the right to discontinue enrolment at their discretion.

Registration: Upon receipt of a finalized application package, Registration and Activity fee, Deposit, and post-dated cheques the registration will be deemed complete.

Tuition fees and Possible refunds:

The parent is required to pay the tuition in 10 equal instalment (1 deposit that applies to June 2025 and 9 monthly payments on the first day of each month: September to May).

Non school-time such as weekends, Statutory holidays, Professional Development days, Christmas, Easter, Thanksgiving, and Spring Break are all a part of the academic year.

PLEASE NOTE:

We do not reimburse or excuse tuition for personal vacation, snow days or other emergency closures (e.g. power/water outage, disease outbreaks, staff shortage etc.).

Early withdrawal for vacations or other reasons will result in the loss of the deposit and registration fee.

The school requires ONE MONTH written notice of withdrawal or tuition for the following month will be required.

The school reserves the right, but is not obligated to, refund tuition in cases where the administrator deems it inadvisable for the child to continue. All decisions by the school on possible refund or partial refund are final and non-negotiable.

A parent may withdraw their child from the school prior to June 30th 2024 with a refund of post-dated cheques and Activity fee, **minus Registration fee and Deposit.** Withdrawals after December 2024 will receive no refund.

The parent agrees to pay the school the tuition fees as stated on the fee information.

Release Indemnity

The parent understands that in the event of illness or accident, the school or its agent is hereby authorized to seek medical attention or to have the child taken to hospital 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 of any and all claims, damages and other liabilities for injuries to my child which are not a direct result of negligence of the school, its agents or employees.

Parent 1 Signature _____ Date _____

Parent 1 Signature _____ Date _____



CHILD INFORMATION

First Name: _____ Last Name: _____

ENROLLMENT QUESTIONNAIRE (for the **NEW** students only)

In order to ensure a proper fit between the philosophies of you, the parent, and the school we ask that you answer the questions below as honestly as possible. We feel that it is extremely important to have families in our school that agree with and support our philosophy and goals. This creates a sense of continuity between home and school which is beneficial to the child. All the information you provide will be held in strict confidence and is intended to assist the GPMS Staff in working with your child.

Getting to know your Child

Please describe your child's personality, including interests, likes and dislikes, or fears:

Sleeping Habits:

- where does your child sleep? (crib, toddler bed, their own bed, or co-sleep with parents etc)
- child's usual bedtime
- child's usual wake up time

Eating Habits

- Favourite foods
- Least favourite foods
- Do they sit at the table? High chair?
- Do they feed themselves? Use utensils? Fingers?
- How long does it take your child to eat? Do they require prompting to eat?

Toilet Habits (Casa Program)

- Please describe your child's independence and any habits

Child's Health History and Development

(If your child has a special medical condition (including but not limited to allergies) please also complete the **INDIVIDUAL EMERGENCY ACTION PLAN** as is required by Ministry of Education).

- Were there any complications during the birth process? **No** (...) **Yes** (...) please explain briefly
- Does your child take any regular medication or undergo regular medical treatment (incl. hearing, vision? **No** (...) **Yes** (...) please explain

- Does your child has received or is still receiving any special services (incl. speech, occupational therapy, psychological counseling) **No** (...) **Yes** (...) please explain
- Is there any other medical or physical information about your child you wish to provide? **No** (...) **Yes** (...) please explain
- Do you have any concerns about your child's development or behaviour? **No** (...) **Yes** (...) please explain
- Has your child ever had any communicable diseases? (hepatitis, mumps, measles, whooping cough, rubella) **No** (...) **Yes** (...) please specify which illness

Getting to know the Parents

Why are you choosing the Montessori Method of Education for your child? What is your understanding of the major goals of the Montessori Philosophy?

What expectation/goals do you have for your child in sending him/her to Montessori School:

- academic goals for your child:
- social goals for your child:
- emotional goals for your child:

How do you feel the Montessori approach fits in with your family and parenting style?

How will you support the teachers in their quest to educate the "Whole" child?

What questions do you have about Montessori Education? What would you like to learn about Montessori education at parent meetings?

What questions do you have about our school?

How can we best support you and your child in his/her school experience?

Are you aware of any area in which we might be able to give special help and encouragement to your child?

Do you intend to keep your child in the school for the full 3-year cycle? What factors (if any) would affect this decision?

What role do you want to play in your child's education and school community?

Do you have any **hobbies, interests, skills** that you would like share with parents and students of our school. Examples: cultural background, cooking, knitting, travels, beekeeping, sports, arts and crafts, music etc.)

What was your school experience like when you were your child's age?

(for the RETURNING students)

Please keep us updated

Please let us know any new information about the child or the family (i.e. loss of a family pet, or an extended family member, or a potential move to a new house, parents separating, new job for a parent that requires them to travel, work shift change etc.). This is all very helpful info to know because these events and changes may affect a child in different ways. We would like to be informed in order to better assist and guide your child through life changes and help him/her to cope with potential stress.