



**WESTERN  
HEIGHTS**  
Montessori Academy  
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## APPLICATION FOR ADMISSION (School Age)

Childs' Surname \_\_\_\_\_ Given Name (s) \_\_\_\_\_

Date Of Birth (MM/DD/YYYY) \_\_\_\_\_ Gender Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Please Select program:  School Age:  Before School,  After School,  Before & After School

My Child will be attending \_\_\_\_\_ (name of school) for the 2017-2018 school year in Grade \_\_\_\_\_.  The school has a copy of my immunization.

Name of Father or Guardian \_\_\_\_\_

Home Address (check if same as student \_\_\_\_\_) \_\_\_\_\_

Business Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Name of Mother or Guardian \_\_\_\_\_

Home Address (check if same as student \_\_\_\_\_) \_\_\_\_\_

Business Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Primary Contact Phone #: \_\_\_\_\_

Father or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**WESTERN HEIGHTS MONTESSORI ACADEMY**  
**ENROLLMENT AGREEMENT**

1. I/We will support and reinforce any and all rules, regulations, and policies, put in place by Western Heights Montessori School, as outlined in the Parent/Family handbook, receipt of which is hereby acknowledged.
2. **I/We understand that all deposits are non-refundable.**
3. In order to confirm a placement for our child, I/We agree that all required documentation and all required tuition fees, including all post-dated cheques or preauthorized electronic fund transfer agreement, will be completed and submitted to the school office before the first payment of the payment cycle is due. (ie. Sept 1<sup>st</sup>). If we do not submit the above, we agree and realize that it could result in the termination of this agreement, the loss of our spot, and the loss of our deposit.
4. I/We have completed and submitted the enrollment application.
5. I/We understand that Western Heights Montessori Academy reserves the right to permanently dismiss any student where, in the sole and absolute discretion of Western Heights Montessori Academy, the continued attendance of that student would not be in the best interest of the student and/or of the school.
6. I/We understand that this document shall be considered only part of an application for registration. Your child will be registered only when complete registration, deposit and all post-dated cheques or pre-authorized electronic fund transfer agreement have been received by Western Heights Montessori Academy.
7. I/We understand that 30 days written notice must be provided in order to withdraw your child/children from the school.
8. I/We understand that additional costs of extra-curricular activities, field trips and special events, are not included in the tuition fees.

**I/We have read and agree to the terms stated in Western Heights Montessori Academy Enrollment Agreement.**

**Students Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

# WESTERN HEIGHTS MONTESSORI ACADEMY

## EMERGENCY INFORMATION

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Daytime Contact #: \_\_\_\_\_

Daytime Contact #: \_\_\_\_\_

Evening Contact #: \_\_\_\_\_

Evening Contact #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Mother's Work Address (with Postal Code):

Father's Work Address (with Postal Code):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY & AUTHORIZED PICKUP CONTACTS

Contact #1: \_\_\_\_\_

Contact #2: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

## MEDICAL INFORMATION

Child's Physician: \_\_\_\_\_

Telephone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Allergies (please list): \_\_\_\_\_

Medication Information: \_\_\_\_\_

Special Health & Dietary Info: \_\_\_\_\_

In the event I cannot be reached, I hereby give permission for my child to receive treatment.

Parent /Guardian #1 Signature: \_\_\_\_\_

Date \_\_\_\_\_

Parent /Guardian #2 Signature: \_\_\_\_\_

Date \_\_\_\_\_

# WESTERN HEIGHTS MONTESSORI ACADEMY

## MEDICAL INFORMATION

Child's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ Kg

Health Card #: \_\_\_\_\_

Child's General Health (Comment): \_\_\_\_\_

Please outline any athletic and/or school activities in which your child can **NOT** participate: \_\_\_\_\_

Has your child ever had his/her eyes tested: \_\_\_\_\_ Result: \_\_\_\_\_

Has your child ever had his/her hearing tested: \_\_\_\_\_ Result: \_\_\_\_\_

Does your child suffer from any allergies/food sensitivities (Yes/No): \_\_\_\_\_ If so, please list \_\_\_\_\_

Are your child's allergies severe enough to be considered anaphylactic (Yes/No)? \_\_\_\_\_

Must your child keep any medication at school for any medical condition (Describe): \_\_\_\_\_

Name Of Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Alternate individual to be called in any emergency when parents/guardians cannot be reached:

Contact #1: \_\_\_\_\_

Contact #2: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Postal Code: \_\_\_\_\_

# WESTERN HEIGHTS MONTESSORI ACADEMY

## MEDICAL CONSENT FORM

In case of a medical emergency when prompt medical attention is deemed necessary, if the parents or guardians or the emergency contact person cannot be immediately reached, permission is hereby granted to move, (Child's Name): \_\_\_\_\_ to the nearest medical facility and to proceed with treatment.

Any medical expenses incurred for such treatment shall be my responsibility.

**Students Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Parent/Guardian 1 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian 2 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please note: both Signatures are required.*



**Fee Schedule**  
**School Age Care**

*September 4, 2018 – June 28, 2019*

- Specialty clubs such as Yoga, and Arts & Crafts, etc are included in the regular after-school programs at no extra cost.
- One morning snack per day is included in the Before School fee.
- One healthy nutritionist-certified afternoon snack per day is included in the After School fee.
- NSF Returned Cheques and insufficient funds will incur a \$50.00 Administration Charge.
- A deposit of \$100 is required upon registration to secure your spot in the program and will be applied to the last month’s tuition.
- Additional fees will be charged for all P.A. days, March Break, and Summer Camp.

<b>Program Options</b>	<b>Before School</b>	<b>After School</b>	<b>Before &amp; After School</b>	<b>P.A. Days</b>
Monthly Payment	\$190	\$349	\$399	\$55

**Schools We Service**

Maple Grove Public School

EJ James Public School

St. Vincent’s Catholic School

Pilgrim Wood Public School



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## WESTERN HEIGHTS MONTESSORI ACADEMY

### CHILD CARE FEE COLLECTION AND PAD AGREEMENT

Mothers Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This agreement supersedes all previously signed (or verbal) fee payment arrangements prior to Aug 31, 2018.**

In consideration for childcare services provided by Western Heights Montessori Academy (WHMA) for my child/children, \_\_\_\_\_, I/We hereby agree to pay WHMA the fees as agreed upon registration at the posted rates as set out by WHMA from time to time.

Further, I/we agree to pay for the childcare fees by means of Electronic Fund Transfer (EFT) in accordance to the Pre-Authorized Debit (PAD) Agreement as signed by me/us. I/we understand the following terms and conditions which forms an integral part of this agreement:

1. The fees will be billed to me/us monthly in 10 equal monthly installments;
2. A copy of the monthly invoice will only be provided to me/us upon request and electronically to the email address provided herewith (please deliver to my/our email address: \_\_\_\_\_) Printed copies will be available upon payment of a fee of \$2.00 per invoice.
3. Fees are payable monthly on the first (1<sup>st</sup>) of each billed month, or the first billed business day if the day falls on a weekend or statutory holiday.
4. It's my/our responsibility to ensure that sufficient funds are provided in the bank account I/we designate on PAD agreement for payment of fees.
5. In the event of a returned PAD for insufficient funds (NSF) or closure of designated bank account without 30 days notification to WHMA, I/we agree to pay an administration fee of \$50 for each occurrence. Certified cheque payments may be requested to continue enrollment.
6. Should I/we withdraw our child/children from WHMA, I/we agree to amend the final PAD amount for the outstanding balance of my/our account, including the final invoice, and pay to WHMA accordingly by EFT at the next payment cycle.
7. I/we undertake and agree to indemnify and hold harmless WHMA, its Board of Directors, Staff Members and affiliates from and against any and all losses, costs, fees, damages, expenses, liabilities, claims, suits or demands resulting from erroneous information provided or an error committed by WHMA, its directors and staff.

Please provide a void cheque together with the following bank information:

Name of Bank	Transit No. (5 digits)	Account No.	Name on Account

**Pre-authorized Debit (PAD) Details**

I/we, authorize Western Heights Montessori Academy (“WHMA”) and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Western Heights Montessori Academy School account. Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1<sup>st</sup> day of each month.

This authority is to remain in effect until Western Heights Montessori Academy has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/we may obtain a cancellation form or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca)

I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

I/we hereby have read and agree to abide by this agreement as witnessed by my/our signature(s) below:

For joint accounts, both parties must provide an authorized signature.

\_\_\_\_\_

Parent/Guardian

\_\_\_\_\_

Parent/Guardian

\_\_\_\_\_

Authorized Signature

\_\_\_\_\_

Authorized Signature



# WESTERN HEIGHTS MONTESSORI ACADEMY

## MEDIA RELEASE

### Authorization for Promotional Use of Student Photos/Work/Activities

Western Heights Montessori Academy (WHMA) is asking parents for written authorization regarding the use of student work, photographs, video, and other communication methods in a variety of promotional uses.

As you are aware, Western Heights Montessori Academy publicizes many of the positive things that occur in the school and your child may be involved in a school activity where photographs or video may be taken for future use in teacher workshops, school promotions, school website materials, or media coverage. These events include:

- Displaying students' work through activities such as science fairs, art projects, bulletin board displays and school newsletters;
- Announcing birthdays or special events over the school public address system;
- Video of classroom activities, school plays, concerts and special events;
- Photographing students at athletic events, school trips and /or assemblies for media publications, advertising of the school;
- Use of photographs for school website or intranet site;
- Using photographs, names and anecdotes in school displays and publications such as yearbooks;
- Posting lists of names only inside the school to inform students and parents of the class, clubs, or team organizations;
- Other publicity initiatives as may be required for school/system promotion.

**Please note:** Should parents wish to revoke their permission for photographs or videos of their children to be used in promotional materials for the school, a **written statement revoking such permission must be provided to the school.**

Please consider carefully and indicate which option you deem appropriate for your child.

I have read the information above, and provide permission for photographs or videos of my child/ren to be used in promotional materials for the school, as determined appropriate by the school.

I **do not** wish to have photographs or videos of my child/ren used in promotional materials for the school.

Student's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Parent / Guardian 1 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent / Guardian 2 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please note: both Signatures are required.**

# WESTERN HEIGHTS MONTESSORI ACADEMY

## CONSENT FORM

Western Heights Montessori Academy values the opportunity to send you timely and relevant information about the school and its activities. Canada's new anti-spam legislation (CASL) came into force on July 1, 2014. CASL deals with the sending of commercial electronic messages, including emails and texts. We require your consent in order to send electronic communications including bulletins, weekly newsletters, advertisements and promotions regarding school fundraisers, information regarding lunch programming, uniform sales and charity events, invitations to school events, field trips and athletic tournaments, student photo information, reenrollment updates and other messages.

I give Western Heights Montessori Academy express consent to send me electronic communications.

I **do not** give Western Heights Montessori Academy express consent to send me electronic communications.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All members of our community will be provided the opportunity to withdraw their consent and unsubscribe to our electronic communication at any time by contacting the school office.



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## 2018-2019 School Year Calendar (Tentative)

September 3.....	Labour Day
September 4.....	First Day Of School
October 8.....	Thanksgiving
December 21.....	Last Day of Fall Semester
December 24 - January 4.....	Winter Break
January 7.....	First Day of Spring Semester
February 18.....	Family Day
March 11 - 15.....	March Break
April 19.....	Good Friday
April 22.....	Easter Monday
May 20.....	Victoria Day
June 28.....	Last day of 2019 Spring Semester
July 2.....	First day of Summer Camp