Extra Curricular and PD Day Programming

Application & Agreement Form

- Submit this form directly to The Montessori School of Charlottetown
- You will receive a written response accepting / wait listing / declining your request within five (5) business days
- Terms of agreement and payment are applicable upon receiving written acceptance

CHILD'S INFORMATION

Name:_____

Birth Date: Day_____Month_____Year_____Enrollment Year _____

Language(s) spoken at home:_____

Child's previous school:_____or N/A

PARENT/GUARDIAN

Name: _____

Home Address: _____Postal Code:_____

Home Phone:_____Cellular Phone: _____

Occupation:_____Business Phone: _____

e-mail:_____

PARENT/GUARDIAN

Name: _____

Home Address: _____Postal Code:_____

Home Phone:_____Cellular Phone: _____

Occupation:_____Business Phone: _____

e-mail:_____

HEALTH INFORMATION

Doctor's Name: _____

Address: _____

Phone: _____

Allergies: _____

Restrictions: _____

Other needed information: _____

_____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name:_____Relationship: _____

Address: _____

Home Phone:_____Cellular Phone: _____

Occupation:_____Business Phone: _____

e-mail:_____

Name:_____Relationship: _____

Address: _____

Home Phone:_____Cellular Phone: _____

Occupation:_____Business Phone: _____

e-mail:_____

TERMS OF PAYMENT

Fees according to your selections are applicable upon written acceptance of this application.

Fees are non-refundable and cannot be applied to outstanding fees or transferred to another student.

You will be required to pay $20 for each NSF cheque.

Payments may be made by cash, cheque or money order.

Late payments of any amount owing will be subject to interest at the rate of one and one-half percent (1.5%) per month (18% per annum).

SELECTIONS

PD DAY PROGRAMMING $40.00 per day

Public school students are welcome to join in on Montessori learning as we are open and active! Your child can experience a world-class Montessori classroom, multi-age environment, and even partake in special additions to our days! Our Extra-Curricular instructors have surprises in mind, our Teachers look forward to welcoming you, and our students will be filled with joy and excitement to share their school!

2016: __ Sept. 23 __ Oct. 27 __ Oct.28 __ Nov.10
__ Dec.2

2017: __ Feb.10 __ Apr.28 __ May 5

EXTRA CURRICULAR PROGRAMMING

Subject Session (Fall/Spring) / Preferred Day of Week if applicable

_____

_____

_____

_____

_____

AGREEMENTS

Please initial each of the following agreement statements:

Permission is granted for this child's name and home phone number to be shared on school listings with fellow school families. YES _____ or NO _____

Permission is granted for this child's photograph to be taken and used for public purposes regarding school activities including social and print media. YES _____ or NO _____

It is understood that continued enrollment is dependent on behaviour of the child being conducive with the mission of the school. Enrollment may be withdrawn at the discretion of the executive director. _____

The Montessori School of Charlottetown considers the records of all students to be confidential information available to a child's parents or guardians upon request. Records will only be released to other schools or agencies upon signed request from parent or guardian and only after all accounts due are paid in full. Records will be released in accordance with applicable laws when requested in writing by appropriate authorities. _____

All fees paid to The Montessori School of Charlottetown are non-refundable. _____

Please ensure your child's records are up to date by notifying the school of any changes that may occur to any of this information.

Signature of Parent / Guardian_____Date _____

Signature of Parent / Guardian_____Date _____