

St. James-Assiniboia Montessori School

Lincoln School Rm 6 - 3180 McBey Avenue
Winnipeg, Manitoba R3K 0T7
Phone: 888-5700

APPLICATON FOR ENROLMENT

PROGRAMME REQUESTED (Refer to page 5)

1st choice	2nd choice	Birth date (yy/mm/dd)
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CHILD

First Name	Middle	Last	Male	Female
Child's Home Address		Postal Code	Phone	Unlisted
Email Address		Cell # - mother	Cell # - father	

PARENT / GUARDIANS (with whom child resides)

Parent	Work Place	Work Address	Work #

INDIVIDUALS TO WHOM CHILD MAY BE RELEASED INCLUDING PARENTS

Name	Relationship	Date

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

Name	Address	Phone	Cell #
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MEDICAL INFORMATION

Manitoba Health:	Registration #	Child's Health ID # - 9 Digits
Child's Doctor	Phone #	Address

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

DATE _____ SIGNATURE _____

Child's Name: _____

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). _____
- _____
- _____

Parent 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.

CHILDHOOD DEVELOPMENT

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

SIBLINGS:

First Name				
Year of Birth				

Has your child had 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 specifies: _____

Are there any other issues you may need to discuss with the teachers? YES NO If yes, please describe briefly:

ADMINISTRATIVE INFORMATION

Please check appropriate boxes below:

FIELD TRIPS

Please note that parents are responsible for the transportation to and from any field trips organized by the school. Advance notice of these occasions will be given if they involve going away from the immediate area of Lincoln School grounds.

- My child _____ has my permission to attend all field trips/excursions as arranged by the school.
- My child will not attend field trips.

CLASS LIST

- I agree to allow my name, address, and phone number to appear on a class list to be distributed to families in my child's class.
 - My phone number is unlisted and must be marked * so on the list.
- I agree to allow my name, address on the class list, but **not** my phone number.
- I agree to allow my name and phone number **only** to be included on the class list
- I do not wish to be included on the class list.

PHOTOS

A class picture is taken in spring, and sometimes teachers or parents like to take photos/videos of class activities.

- I give permission for my child to be included in photos/videos taken at school (NOT for profit or research).
- 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.

CUSTODY

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

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

I have read and understood the information provided on this form. I have indicated my selection regarding authorization for field trips, class lists, photos and child custody. All the information I have provided on this application is current and correct. I agree to notify the school in writing of any subsequent changes.

_____ Date

_____ Signature

PARENT INVOLVEMENT

- I would be interested in becoming a member of the parent executive board.
- I would like to help with social events.
- I have an occupation / hobby relevant to 3-5 year olds which I am willing to share with the class.

Please specify _____

HOW DID YOU FIRST HEAR ABOUT OUR SCHOOL?

- Friend or neighbor
- Newspaper (please specify) _____
- Other (please specify) _____

CAR POOLS

- I would like you to exchange my name and phone number with parents wishing to carpool on a regular basis.
- I am willing to pick up and/or deliver another child occasionally.

ST. JAMES-ASSINIBOIA MONTESSORI ASSOCIATION INC.

SNACK POLICY

Due to the severity and increasing number of food allergies, the parent school board along with the teachers, have reviewed and developed a policy for providing snack which best protects the teachers, the board, but most importantly, the children at risk.

Goal

- To provide a safe and healthy self-serving snack - an essential part of the Montessori environment
- To meet the requirements of the Daycare Licensing Act – providing a small snack consisting of one item from each of the food groups (protein, fruit or vegetable, grain).
- To provide a small snack, free of life-threatening ingredients, such as nuts and peanuts.
- To note and/or exclude, where possible, non-life threatening ingredients.

Guidelines in Food Preparation

- All food allergies and their severity will be listed and posted on the fridge door.
- Foods will be carefully reviewed and selected to exclude life-threatening ingredients. The list of ingredients will be checked each time an item is purchased.
- Due to the large number and variety of allergies, ingredients that are not life threatening will not necessarily be excluded. Children with these allergies will be made aware of which foods they should avoid.
- No other snacks or treats shall be served or distributed. Please note that the teachers cannot accept treats in the classroom for special occasions such as birthdays, Halloween, Christmas and Valentine’s Day.

The snack area is closely monitored for the first few weeks, until the children understand and are able to follow the hand-washing and self-serving procedures.

Once self-serving snack is introduced in the classroom, volunteers will be needed to help with the weekly laundering of small hand towels. If all families participate, each child will take home one small load of laundry over the course of the year. The children fold the towels together at school as part of their practical life experience. A couple of cartons of juice and a small monetary contribution will also be requested periodically.

I have read and understand the **Snack Policy** of the St. James Montessori School, as described above. If my child suffers from, or develops food allergies, I understand that it is my responsibility to communicate, **in writing**, the details to the teachers.

Signed _____

Date _____

Parent (or guardian) of _____
(Child's name)

2009-2010 CONTRACT

With

ST. JAMES - ASSINIBOIA MONTESSORI SCHOOL

PROGRAMS OFFERED

The ideal Montessori pre-school 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 is as close as possible to this ideal.

	Program	Time	# Days	Days
Morning	5AM	9:00 AM -11:30 A.M.	5	Mon. through Fri.
	4AM	9:00 AM -11:30 A.M.	4	Mon., Tues., Thurs., Fri.
	3M-W	9:00 AM -11:30 A.M.	3	Mon., Tues., Wed.
	3W-F	9:00 AM -11:30 A.M.	3	Wed., Thurs., Fri.
Afternoon	3PM	1:00 PM – 3:30 P.M.	3	Tues., Wed., Thurs.

FEE SCHEDULE AND PAYMENT INSTRUCTIONS

1. A non-refundable registration fee of \$50.00 is required for all programs. This fee covers administrative costs incurred for each child and should be dated on the day your application is submitted.
2. Additionally, based on a per session charge of \$9.15, annual fees for each program are set out below.
3. Upon acceptance into the program, post-dated cheques for Sept to May tuition are required (see below chart for the amounts), along with a current **or** Sept 1st cheque for the June tuition. This June tuition cheque is non-refundable. Full payment may be made as well if so desired.

# Days	Registration Fee	1 Cheque June Fees	9 Monthly Cheques Sept 1/09 – May 1/2010	Total Annual Fee
5	\$50	\$93	\$193	\$1830
4	\$50	\$78	\$154	\$1464
3	\$50	\$54	\$116	\$1098

TERMS AND CONDITIONS

This fee arrangement may only be terminated with the consent of the Board of Directors, in cases of reasonable extenuating circumstances. If a child is withdrawn from the program, **both** the registration fee and the 2 week June tuition deposit will be forfeited. Notification of termination must be sent in writing to the Director giving two weeks notice. Upon receipt of such a letter, the remaining post-dated cheques will be returned.

No refunds will be made after March 1st 2010

1. Children of the St. James-Assiniboia Montessori School will be released only to the person or persons listed on the child's application form. If a child is to be picked up by someone not on the list, a signed note of permission, by the parent/guardian, is required.
2. The children will attend school from September 8, 2009 to June 11, 2010. The school will be closed on statutory holidays, December 21/2009– January 4/2010 and the week of Spring Break as set by St. James School Division.
3. Parents will adhere to the following times: Morning program - 8:45 – 9:00 a.m. Pick-up no later than 11:30am.
Afternoon program - 1:00 p.m. Pick-up no later than 3:30pm.
4. Parents /guardians will phone the school if the child will not be attending class due to illness etc.
5. The Directress 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.

I agree to the above terms and conditions. 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.

Signature _____

Date _____