



# **ABACUS MONTESSORI LEARNING CENTRE**

1 Credit Union Dr. Toronto, Ont. M4A 2S6 Ph/Fax: 416-494-4650

## **ADMISSION FORM**

Name of the child \_\_\_\_\_

Date of birth \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

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

Mother's name \_\_\_\_\_

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

Home number \_\_\_\_\_

Work address \_\_\_\_\_

Work number \_\_\_\_\_

Cell number \_\_\_\_\_

Father's name \_\_\_\_\_

Home address \_\_\_\_\_

Work address \_\_\_\_\_

Home number \_\_\_\_\_

Work number \_\_\_\_\_

Cell number \_\_\_\_\_

Email address \_\_\_\_\_

Birth order of your child: Only child, oldest, youngest, middle child

Is your child fluent in English? Yes/No

Does your child need an afternoon nap? Yes/No

Describe any special requirements regarding rest \_\_\_\_\_

Describe any special requirements regarding exercise \_\_\_\_\_

Attach a recent photo of your child. This is for your child's safety and security.

**EMERGENCY INFORMATION**

Name of family physician \_\_\_\_\_

Address and Telephone \_\_\_\_\_

Food allergies/restrictions \_\_\_\_\_

Any prevailing medical condition \_\_\_\_\_

List your child's medical history of communicable diseases and when they occurred such as chicken pox, mumps, Scarlett Fever?

Does your child have special needs? If so, describe \_\_\_\_\_

Has the child undergone any therapy? Describe \_\_\_\_\_

Name of emergency contact person \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Telephone and home address \_\_\_\_\_

\_\_\_\_\_ Cell number \_\_\_\_\_

Name of emergency contact person \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Telephone and home address \_\_\_\_\_

\_\_\_\_\_ Cell number \_\_\_\_\_

I hereby declare that all the information regarding my child is correct. I have read and understood the Parent's handbook particularly the school's policies towards persons responsible for the child's pick- up and drop-off. I understand that such persons must show a photo ID to the staff and that I must submit a letter authorizing such an individual to drop-off or pick up my child. I understand that the responsibility for making such arrangements is solely mine.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**ENROLMENT DETAILS**

**Please circle the program of choice**

**MON.            9-5 / 7:30-5 / 9-6 / 7:30-6**

**TUE.            9-5 / 7:30-5 / 9-6 / 7:30-6**

**WED.           9-5 / 7:30-5 / 9-6 / 7:30-6**

**THUR.          9-5 / 7:30-5 / 9-6 / 7:30-6**

**FRI.            9-5 / 7:30-5 / 9-6 / 7:30-6**

\*\*The school does not guarantee the parents' choice of days but efforts will be made to meet their needs.

**BANKING INFORMATION**

**NAME OF BANK** \_\_\_\_\_ **ACCOUNT NO.** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

Person responsible for payment of fees \_\_\_\_\_

If parents are divorced /separated, what are the custodial arrangements? (include a copy of custody papers)

In case of an emergency, who should be contacted first? \_\_\_\_\_

I hereby declare that all the information given is correct and that upon my child's acceptance at school, I shall hand over a copy of my child's birth certificate and immunization forms.

Signature of parent ----- Date -----

Date of admission ----- Date of discharge -----



## ***REGISTRATION POLICIES AND PROCEDURES***

The first step to registering to our program is to fill in the registration form and submit it to the office along with the non-refundable registration fee of \$100.00 per family. This fee is non-refundable and the check has to be dated the same day as on the registration form.

Upon acceptance to Abacus, you would be required to submit the admission form as well as the Emergency Information form for your child along with tuition fees paid by nine post-dated checks dated September 1<sup>st</sup> to May 1<sup>st</sup> and a check dated on the day of registration towards June 2016. These must accompany your form.

Tuition fee will be pro-rated for children enrolling during the school year.

Checks are payable to **Abacus Montessori Learning Centre** and the child's name must be clearly printed on the front of each check.

There is a \$30.00 fee for NSF or returned checks and an additional charge of \$30.00 for fees not paid by post-dated checks. A guaranteed spot will be offered only till the month that we have received the checks for.

## **RECEIPTS**

A tax receipt for tuition fees received by December 31<sup>st</sup> will be issued in February of the following year.

## **DISCOUNTS**

There is a 5% discount off the original fee for fees paid in full as a single payment before the child attends school and only if he/she is enrolled from September to June and is applicable only when he/she is enrolled for 5 full days.

There is also a 10% discount on fees paid in full for a sibling when the younger one enrolls in the program for the full academic year provided that he/she attends a minimum of four full days.

## **REFUND POLICY**

**There are no "make-up" days at Abacus for any child who is absent from school.**

Children travelling for a long period of time risk losing their spot if they have not notified the school in writing and paid the full fees. If a stop payment is made on fees for those months that the child will not be attending, then there is no guarantee that there will be space to accommodate the child when he/she returns. If the child will be attending half a month only, fees for the entire month will be charged.

**There are no refunds for any child withdrawing after April 30th.**

**If a parent wants to withdraw their child, a written notice must be issued at least thirty days in advance.**

**In such cases, except for the non-refundable fee of \$100.00 and the deposit, all other checks will be returned. Any discount for fees at this point becomes null and void.**

**Fees may be changed from time to time without notice.**