****

**Casa Dee Montessori School**

**625 Remembrance Road, Brampton, Ontario, L7A 0C7**

Dear Parents,

#### Thank you for enrolling in our program. Please read and fill out each area of the registration package and return it a Week before starting date to all necessary paper work and classroom preparations can be done before your child starts the program.

Upon completion of the registration forms, we will email you a parent handbook. Please become familiar with this book as it contains important information about our policies and procedures.

**If you have any questions, please do not hesitate to call us at any time: (905)-955-2333**

The following items need to be received before your child starts in our program:

1. Completed Registration package
2. Photocopy of Health card & Immunization Record
3. Registration fee
4. Security deposit (one-month fee)
5. Post-dated cheques for the remainder of the program **Please make cheques payable to Casa Dee Montessori School**

Thank you,

Deepa Saxena

Supervisor

|  |
| --- |
| **Casa Dee Montessori School** Registration Form 2021-2022 |
| Admission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discharge Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Class:** Male Female |
| Child’s Name: Preferred Name: First Last |
| Date of Birth (D/M/Y): Age: |
| Home Address: City: Postal Code: |
| Health Card Number: Expiry Date (DD/MM/YY): |
| Previous Childcare provided by: Parent/Guardian Private home care Licenced Chid Care |
| Name of Parents or Guardians ( Mother) : |
| Address (if different from child): |
| Contact Information: HOME : WORK : CELL: |
| Email address: |
| Work address: City: Postal Code (X#X#X#): |
| Name of Parents or Guardians (Father): |
| Address (if different from child): |
| Contact Information: HOME: WORK: CELL: |
| Email address: |
| Work address: City: Postal Code (X#X#X#): |
| **Medical Information:** |
| Doctor’s name: Doctor’s number: |
| Doctor’s address: City: Postal Code (X#X#X#): |
| **Does your child have allergies or dietary restrictions?** |
|  |
| **Is the allergy life threatening ?** |
| **Provide relevant details including symptoms of reactions and treatment required**  |
|  |
|  |
|  |
|  |
|  |
| Does your child require an epi-pen? Yes, Please complete anaphylaxis forms No |
|  |
| **Persons other than the parents allowed to pick up the child from school including emergency situations. (**In Case of emergency our first priority is to call parents, if unavailable) |
| **EMERGENCY CONTACTS:** |
| 1. Name: Relationship to child: |
| HOME TEL: CELL TEL: WORK TEL: |
| Address: |
| Is allowed to pickup Child. Yes/No  |
| 2. Name: Relationship to child: |
| HOME TEL: CELL TEL: WORK TEL: |
| Address: |
| **Pick up Authorization** |
| 1. Name:
 |
| Relationship to the child:  |
| Phone Number: |
| 1. Name:
 |
| Relationship to the child:  |
| Phone Number: |
|  |
| Other Special Requirements (physical activity):  |
|  |
|  |
|  |
|  |
| Medical Requirements/History:  |
|  |
|  |
|  |
|  |
|  |
|  |

 **Dietary and Feeding Arrangement**

Does your child have any special feeding arrangement (eg: no sippy cups, mashed/purred food) Yes/No ?

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

Does your child have any special dietary requirements or restrictions

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

**A bit about your child:**

Please tell us About your child: (Please check all that apply)

Is your child  Outgoing  Shy  Adaptable Struggle with changes

Is Your child Very active  Cooperative  Accepts limits  Difficult to deal with Is your child Highly sensitive to stimuli  Calm Anxious

Does your child  Prefers to play alone Play with other children Play beside other children Please Describe your child’s Communication skills

 Non-Verbal Uses word Uses phrases Uses Sentences

 Self- Helping Skills

Dressing: Self  Assisted Comments:

Toileting: Self  Assisted  In Diapers  In pullups Comments: Feeding:  Self Assisted  Particular eater Comments: Napping:  Does not Nap  Usually Naps Average length:

Self- Regulation:  Able to calm His/her self Needs Help  Needs time Comments:

Languages spoken at home:

Does your child have any fears? Yes No If yes please describe:

1. Has your child ever attended a child care or community program?
2. What type of program was it? / Was a parent present with the child at the program?
3. What activities does your child enjoy doing at home?
4. Are there any siblings at home? How many?
5. Does your child have a favourite toy? 6.Does your child experience any speech, vision or hearing problems?

7.Has your child ever been hospitalized? 8.How does your child defend themselves?

9.Does your child has food Sensitivities  Yes  No If Yes Please list:

Does your child have allergies (including to medication)  Yes  No If Yes Please complete below

|  |  |  |
| --- | --- | --- |
| Allergy | EpiPen Required | Reaction |
|  |  Yes  No |  |
|  |  Yes  No |  |

If your child has Anaphylactic Allergies, please complete the Individualized Anaphylactic Action Plan Prior to Start date (Ask Supervisor)

Any special requirements with, rest or physical activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Casa Dee Montessori School**

## Photo Consent Form

Our school likes to celebrate your child’s work and achievements. As a result, images of your child and his/her work may appear on our website.

I, (PRINT NAME)

parent/guardian of (PRINT NAME)

hereby: grant permission to Casa Dee Montessori School to take and use photographs and/or digital images of my child for use in: **(Please check the corresponding options that you agree to)**

o electronic publications, such as school website (https://www.casadeemontessori.com/)

o documentation within the classroom displays for the duration of his/her time in the school.

o I give permission for Casa Dee Montessori School to post my children’s pictures and video onto casadeemontessori.com to be shared and viewed only by parents.

CHILD’S NAME:

SIGNATURE OF PARENT/GUARDIAN

Date:

**Casa Dee Montessori School**

**COT/CRIB SLEEPING PERMISSION FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent or guardian of my child,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for said child to sleep on a sleeping cot that is provided by Casa Dee Montessori School during rest time. I understand that this cot will be individually assigned and only used by my child. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Special Instruction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

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

Date

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

**Casa Dee Montessori School**

**Neighborhood Walks**

I give consent for the staff to take my child on neighborhood outings. Outings may include walks through our neighborhood and the park located near the school.

### Parent Signature: Date:

**Casa Dee Montessori School**

# AUTHORIZATION FOR DRUG/MEDICATION ADMINISTRATION

*This form must be completed by the parent of a child who is requesting that a drug or medication be administered during hours that the child receives child care, in accordance with the child care centre’s medication administration policy and procedures.*

**Child’s Full Name:**

**Child’s Date of Birth** (dd/mm/yyyy)**:**

**Date Authorization Form Completed** (dd/mm/yyyy)**:**

**Date Authorization Form Updated** (dd/mm/yyyy)**:**

| **Name of Drug or Medication** (as per the original container label): |  |
| --- | --- |
| **Date of Purchase or Date Dispensed:** (dd/mm/yyyy) |  |
| **Expiry Date:** (dd/mm/yyyy) |  |
| **Authorization Start Date:** (dd/mm/yyyy) |  |
| **Authorization End Date:** (dd/mm/yyyy or ongoing) |  |

## Method of Medication Administration (initial below)

[ ]  Child care centre staff are to administer the drug or medication to my child. \_\_\_\_

[ ]  My child will self-administer the drug or medication (optional, for children who attend school only). \_\_\_\_

## Authorization for Child to Carry Emergency Allergy Medication

[ ]  I authorize my child to carry their own asthma medication.

[ ]  Not applicable (this authorization is not for asthma medication).

## Medication Administration Schedule

[ ]  The drug or medication needs to be administered according to the following schedule:

| **Day(s) of the Week** | **Time(s) of the Day / Intervals** | **Amount/Dosage** | **Additional Information (where applicable)** |
| --- | --- | --- | --- |
|  |  |  |  |

### AND/OR, where drugs are to be administered on an ‘as needed’ basis:

[ ]  The drug or medication needs to be administered when the following physical symptoms are observed:

Amount/Dosage:

**Casa Dee Montessori School**

### Parent/Guardian Authorization Statement:

I hereby authorize the person in charge of drugs or medications at Casa Dee Montessori School to administer the above-named drug or medication to my child and handle the drug or medication in accordance with the procedures I have provided on this form.

I understand that expired drugs or medications will not be administered to my child at any time in accordance with the child care centre’s medication administration policy.

I understand that staff at Casa Dee Montessori School are not medically trained to administer drugs and medications.

|  |  |
| --- | --- |
| **Print name:** | **Relationship to Child:** |
| **Signature:**  | **Date Signed:** (dd/mm/yyyy) |

**Received By:**

|  |  |
| --- | --- |
| **Print name:** | **Role at Child Care Centre:** |
| **Signature:**  | **Date Signed:** (dd/mm/yyyy) |

#### For Child Care Centre Use Only

**Location medication will be stored:**

## Authorization for Non-Prescription Skin Product

## Child’s Full Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Date of Birth(dd/mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## The Following non-prescription items maybe applied to my child in accordance the manufacturer instructions on the on the original container.

* **Sunscreen**
* **Insect Repellent**
* **Lip Balm**
* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Casa Dee Montessori has agreed to provide**

* **Hand Sanitizer**

**Note: Consider adding brand name of the non-prescription items for transparency**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

**Casa Dee Montessori School**

**PARENT HANDBOOK SIGNATURE PAGE**

After reading the Parent Handbook, please sign the appropriate lines below and return the form to the Front Office. We, the parent(s)/guardians of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the contents of the Parent Handbook. We agree to follow and the policies outlined in Parent Handbook. We understand that the school reserves the right to amend policies and procedures when necessary, and that we will abide by changes. Any changes made to the Handbook will be distributed by the School. The Parent Handbook is not an enrollment contract. Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_ Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_ Please Note: It is required that both/all parents sign this form.

Thank you, very much!

**Withdrawal and Refund Policy**

**Before School Year Begin**

Parent wishing to withdraw their child from enrolment at Casa Dee Montessori School must submit their notice in writing before August 1st. Otherwise, a payment equal to one month’s tuition is required. Registration Fee and Deposit is NON-REFUNABLE. This apply to both new and re-registration children. **At the time of enrollment last month of tuition is also required plus the current month’s fee minus the $500 deposit.**

**During School Year**

All positions at our school are for the entire school year from September to June. If for any reason your child needs to be withdrawn from our program anytime during the year, one month of written notice or payment equivalent to current month and the last month tuition must be given to the school. Registration Fee and Deposit is NON-REFUNABLE. The last month deposit is NON-REFUNABLE

**Withdrawal Due to Special Circumstance**

The safety of all children and our staff is our primary concern; the provision of our service is conditional on both your child’s behavior and your treatment to our school. Any behaviour that poses a safety hazard or is deemed to be of any abusive nature (physical or verbal) for other children or staff will not be tolerated, and, could result in immediate withdrawal or temporary suspension of service. Withdraw notice must be submit in writing and verbal notice will not be accepted. Withdraw of a child from the school without adherence to the Police & Procedure may result in legal actions being taken.

**Option 1**

* **One full payment**
* 10 months of fees due in whole at time of enrollment for academic period of September to June along with the registration fee and the Enrollment Application.
* 5% discount applicable on total fees if tuition received in whole (cash or check) at time of enrollment. 5% sibling discount will not be applicable in this case.

**Option 2**

* **Monthly payments by post-dated checks or e-transfer to casadeemontessori.com**
* Following will be required at the time of enrollment:
	+ **First Month Fee, Last month and Registration Fee**
	+ Post dated checks for the first day of every month from September till May
	+ Enrollment Application

**Program and Services and Enrollments**

* Casa Dee Montessori School offers a full day program for 5 days a week. The program pricing includes lunch and snacks. Inquiring about pricing for the centre directly.
* The registration cost is $100 for new registration and is required at the start of new school year in September. The fee is non-refundable unless the child has been withdrawn from the program before the start of the new school year in September.
* Casa Dee Montessori School provides childcare services from infant to 7 years of age
* The operating hours are between 7am to 6pm
* To Enroll your child you can contact the Staff at 905-955-2333 or visit the website at casadeemontessori.com and complete the online form to request a call back
* After the tour you can complete the registration package with all the required forms. Parents are also required to present an immunization form.
* **A deposit of $500 is required to confirm your spot for specific age group. The deposit is non-refundable if the child’s wishes to be withdrawn from the program before the start date. At the time of enrollment last month of tuition is also required plus the current month’s fee minus the $500 deposit.**
* Parents will also be required to pay for any material cost or for any field trips

## Parent’s term of Contract

 *The terms of this contract apply for the student enrolled at Casa Dee Montessori School).*

1. Casa Dee Montessori agrees to provide you childcare services for your child 5 days per week between the hours of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at a rate of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per month
2. **Montessori fees are due at the first day of the month. The Montessori program runs from September to June (like a traditional public school) and it is expected that all students attended the throughout the session.**
3. **School Closure: CDM is closed for to 3 days of the year from Sept-August for Staff Profession Development Day. CDM is closed on all statutory holidays and during March and Winter break and the last working day of June and last working day of August.**
4. **We also reserve the right the close the school for emergency event, repair or extreme weather events. There is no reimbursement for these days. We make efforts to keep the school open as much as possible, but some events are outside our control.**
5. **For registration, we require you to submit your last month payment in full (NON-REUNDABLE) upon submission of your June enrollment to secure your child’s spot for September. This payment will be used towards your last month payment. Please submit the remaining 9 postdated cheques for the 1st of each month from September – May.**
6. **CDM requires at least 1 month’s notice if you wish to withdraw in the middle of the year. If you fail to give you early notice your last payment in for June will not be returned. There is no discount when your child is absent for vacation.**
7. The conditions of this Contract provide protection for our parents, as well as Casa Dee. In order to ensure that we can provide the services that your child(ren) are entitled, it is essential that parents pay their fees on time to ensure the operation of Casa Dee Montessori School remain financially stable.
8. Program salaries and operating expenses cannot be reduced because of absentee losses. In essence, this agreement is a parental guarantee that you will financially support through your fee the enrollment space guaranteed for your child.
9. A student will not be accepted into the School unless the entire registration form has been completed in full and signed. Full payment (post-dated cheques from September to June), OHIP number or proof of health insurance, must accompany the enrolment form. New students must provide a copy of their Health Card and immunization documentation
10. Parents and Guardians hereby acknowledge that the School is a nut/ peanut aware environment. I/We understand that my child may inadvertently come into contact with a substance he or she may be allergic to and that such contact may cause an allergic reaction. I understand that there are certain risks of allergen contact that are inherent in a school setting.
11. There is no OUTSIDE food allowed in school premises due to severe Allergy conditions
12. There are no refunds for withdrawals midway through the month, and no refunds for holidays, sick days, or days missed for any reason, throughout the school year
13. Casa Dee Montessori has the right to raise the tuition fees, registration fee or add or increase the prices of any other fees. Such changes will occur and start of the school year and will be communicated to the parents in advance.
14. The student’s full name, and class must be written on the back of each and every cheque.
15. A charge of $25.00 will be levied against allN.S.F. cheques or cheques returned for any reason.
16. Students will not be allowed to attend unless payment has been made. The School reserves the right to expel a student immediately and take whatever action it deems necessary to collect such overdue accounts.
17. It is the parent’s responsibility to dress and undress the child upon drop-off and pick-up.
18. **There is a late pick up charge which is applied at the rate of $1.00 per minute after 6:00 p.m. or at any time that Casa Dee Montessori School staff has to remain beyond established hours to care for a student due to a late pick up.**
19. The parent release Casa Dee Montessori School from all liability for any accidents and illness that may occur while the child is in attendance, except for injury or illness occurring from negligence undertaken by Casa Dee Montessori School. This includes such trips and outline as undertaken by Casa Dee Montessori with the children during the normal program.
20. The School reserves the right to make such rules and regulations in the operation of the School as it deems appropriate and it is a condition of acceptance that these rules and regulations be observed.
21. Withdrawal Procedure: The School requires a one month written notice of a student’s withdrawal, full fees are required if notice is not given.
22. After consultation with Casa Dee If the program cannot meet my child’s needs, or that I have not carried out my obligations under the terms of the Parent Contract, my child may be withdrawn at the Child Care Centre's discretion.
23. **I understand that if my Child remains at the Child Care Centre past the schedule pick-up time, I will be charged an applicable late fee. If the Child Care is unable to reach the emergency contact persons or me, the Police will be contacted after 10 mins after 6 pm.**
24. I understand that Casa Dee Montessori School is a smoke-free premise; I will not smoke tobacco, or hold lighted tobacco, or a pack of cigarettes that will be visible to the children. If terms are violated, I understand I will be asked to leave the premises.
25. Only pre-authorized person's designated on the Registration Form may pick-up my child(ren). I understand that I must inform the Child Care of any changes regarding authorized Pick-Up and Release contacts.
26. To carry out the parent's responsibilities under the policies and procedures outlined in the Parent Handbook.
27. That the Child Care reserves the right to make amendments to its Policies, Fee Schedule and Program at any time and that I will be given notice of such changes at least two (2) weeks prior to the changes.
28. To avoid spread of communicable disease / Viral Disease I will keep my child at home until all symptoms are gone and my child has gained his/her normal state of health.
29. If my child has Fever/ Diarrhea/ Vomit at school, my child will stay home until he/she gets better and fever free for 24 hours before he/she can come back to school.

**I have read and understood the terms of contract, the methods of payment, and the policies of the School as outlined in the *Parent Handbook* and Parent Contract and I hereby agree to all the terms and conditions stated therein.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent or Guardian: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Material List- All Material need to be labeled with you child’s name**

1. Any small plant with their name on it (You don’t need this on day 1 but you can bring during the first week)
2. 2 bottles of hand soap
3. 3 boxes of tissue
4. Diaper wipes
5. 2 boxes of Clorox/Lysol wipes
6. Pack of diapers (child used 5 to 6 diapers per day)
7. Diaper cream (ensure no nut products in the cream)
8. Yoga mat for child (We will let you know when to bring)
9. **Three complete change of clothes (socks, pants, shirt, undershirt – based on season)**
	1. **Suitable outdoor winter clothing such as boots, hat, mittens, scarf, snow pants, jacket or snow suit (as need)**
	2. **Suitable outdoor summer wear such as comfortable closed footwear, hat, light jacket for rainy days or sweater ( as need)**
10. Blanket with child’s name on it (no pillows please). Blankets get washed here every Friday or sooner if needed
11. Sunscreen if your child needs it. Ensure sunscreen does not have nut ingredient.
12. Photograph of your child and a photograph of your family (You don’t need this on day 1 but you can bring during the first week)