Welcome to ABC Montessori Private School

ABC Montessori is an academic school with an educational philosophy based on the development of the whole child. We believe in helping a child to develop academically, intellectually, socially, emotionally and physically. In addition to teaching academic subject matter, students at ABC Montessori are taught practical life and social skills, good work habits, time management, and respect of others and the environment.

At ABC Montessori, we offer a variety of approaches to meet your child's educational journey. Our *Toddler and CASA students* learn through a hybrid approach which includes the use of the Montessori methodology, related materials, and traditional learning materials and methods. Our *elementary students* undergo an advanced traditional curriculum based on the Ontario Ministry of Education's base curriculum.

As a parent, you value your child's academic success; however, you also value the social and physical environment of the school where he or she spends most of the day and the teachers who are responsible for providing learning and care. At ABC Montessori, our foremost priorities are to provide students with a friendly, nurturing, and supportive learning environment and teachers who are caring, encouraging, patient, and dedicated to the overall success of every student.

ABC Montessori has a strict code of conduct that all students must strive to follow. Students are taught to respect their teachers and classmates and how to behave in the classroom. Teaching a student respect, good manners, and how to conduct themselves is a cooperative effort between the school and parents and is part of a student's overall education. ABC Montessori does not tolerate physical or verbal abuse by anyone. Any student who abuses or causes harm to another student, or teacher, will not be permitted to continue at ABC Montessori.

Every student is an individual with a unique personality. We understand that each student learns at a different pace, and has his or her own strengths and weaknesses, interests, likes and dislikes, and personal habits. Students receive a great deal of personal attention in the classroom; therefore, the teachers must have a good understanding of each student's academic as well as social requirements. Teachers can assess the progress and understand a student's strengths and weaknesses much more accurately by spending quality time with each individual student.

Every child deserves the support, encouragement and the opportunity to reach their full potential. At ABC Montessori, we strive to provide every student with the opportunity to succeed by giving him or her the tools to build a strong foundation, in an environment that is stimulating, challenging, and very supportive. It is our goal to make every student's experience at ABC Montessori as rewarding and fulfilling as possible.

At ABC Montessori, we believe that education is the foundation for life. Early Childhood and Elementary education, along with a student's home life, are perhaps the most important factors in determining his or her future success. A child's school experience must be positive and fulfilling. We believe that the responsibility of ensuring that a child receives a good education should be shared by the school and parents jointly. We believe that building self-confidence, independence and motivation will give a student the ability to attempt new feats, to be a leader, and to always put forth their best effort.

We look forward to welcoming your child and to have the opportunity to be an important part of your child's life as he or she navigates the exciting world of schooling.

ABC Montessori

Est. 1995

Committed to Academic Excellence

Registration
2021- 2022

285 Matheson Blvd. East Mississauga, Ontario L4Z 1X8	305 Matheson Blvd. East Mississauga, Ontario L4Z 1X8	4300 Cawthra Road Mississauga, Ontario L4Z 1V8
905-568-1716	905-568-8989	905-281-2595

contactus@abcmontessori.com
www.abcmontessori.com

ABC Montessori

Registration Checklist

This checklist will help you ensure that you have completed all necessary requirements to enroll your child at ABC Montessori. This checklist should be submitted along with all required documentation and fees listed below.

- ❑ Completed and signed Admission Form, Student Medical Form, and Enrollment Agreement & Release
- ❑ A scanned copy (not photograph) of student's updated Immunization Record **(FOR ALL STUDENTS)**
- ❑ A recent passport size photograph of your child **(FOR ALL STUDENTS)**
- ❑ A photocopy of Student's Birth Certificate **(FOR NEW STUDENTS ONLY)**
- ❑ Completed Region of Peel Immunization Submission Form **(FOR NEW STUDENTS ONLY)**
- ❑ Completed and signed Extended Hours application form (if applicable)
- ❑ Application Fee **(FOR NEW STUDENTS ONLY)**
- ❑ Program fees or Book Fees as stated on fee schedule
- ❑ Initial Installment tuition payment authorization
- ❑ Postdated tuition payment authorizations
- ❑ Postdated payment authorizations for Extended Hours Programs (if applicable)

ABC Montessori can only accept complete Admission packages.

The information requested on the Application and Medical forms is required by law. All information provided is kept in strict confidence. ABC Montessori does not, under any circumstances, share your personal information with anyone.

Should you have any questions regarding any of the above requirements, please do not hesitate to contact us.

ABC Montessori

Student Registration Form

Date of admission

_____ / _____ / _____
(MM) (DD) (YEAR)
Office use only

PLEASE COMPLETE ALL SECTIONS

Student Name: _____
(Surname) (First Name) (Middle Name)

Date of Birth: _____ / _____ / _____ Gender: ☐ Male ☐ Female
(MM) (DD) (YEAR)

Home Address: _____ City: _____

Postal Code: _____ Home Phone Number: _____

Mother's Name: _____ Home Phone Number: _____

Home Address: _____
(if different from above) Number Street City

Postal Code: _____ Cell Phone Number: _____

Work Address: _____
Number Street City

Postal Code: _____ Work Phone No: _____ Email: _____

Father's Name: _____ Home Phone Number: _____

Home Address: _____
(if different from above) Number Street City

Postal Code: _____ Cell Phone Number: _____

Work Address: _____
Number Street City

Postal Code: _____ Work Phone No: _____ Email: _____

Emergency Contacts (by priority - AFTER PARENTS):

1. _____ Phone Number: _____

2. _____ Phone Number: _____

3. _____ Phone Number: _____

Authorized Individuals to Pick up Student (BESIDES PARENTS):

1. _____ 2. _____

3. _____ 4. _____

Parent / Legal Guardian's Signature: _____ Date: _____ / _____ / _____

ABC Montessori

Student Medical Information

PLEASE COMPLETE ALL SECTIONS

Student's Name: _____

Height: _____ Weight: _____

Physician's Name: _____ Physician's Phone No. _____

Physician's Address: _____ Postal Code: _____

Health Card Number _____ Version _____

Briefly comment on your child's overall health: _____

_____

If your child is not able to participate in certain athletic or any other school activities, please provide details:

_____

Has your child ever been diagnosed with any communicable disease Yes ☐ No ☐
If Yes, please list communicable disease and date of illness below.

Communicable Disease	Date
_____	_____
_____	_____
_____	_____

Does your child have any allergies: Yes ☐ No ☐ If yes, please list Allergies below:

_____

Is your child on any medication: Yes ☐ No ☐ If yes, please give details below:

_____

Is your child on any special diet: Yes ☐ No ☐ If yes, please give details below:

_____

Parent Consent Form

In the event that we can not be contacted at the time of illness or accident, or if the emergency is such that time does not permit such contact, ABC Montessori is hereby authorized to contact the physician named on the Medical Information Form. If the named physician can not be contacted, permission is granted for the school to consult a licensed physician of its choice, or bring my child to the nearest medical facility. The physician on duty may hospitalize, secure proper treatment for, and order injections, anesthetic, or surgery for my child. I understand that any medical expenses incurred for such treatment are my responsibility.

Parent / Legal Guardian Signature: _____ Date _____

ABC Montessori

Release, Indemnity Agreement and Declaration

PLEASE COMPLETE ALL SECTIONS

Student's Name: _____

We realize that even under close supervision, children may have occasional accidents. Therefore, we hereby release for indemnity and hold ABC Montessori, its agents, and its employees harmless from any and all claims, damages or other liabilities for injuries to my child which are not a result of direct negligence of the staff.

We grant permission to the authorities at ABC Montessori to use for marketing purposes photographs and visual recordings of my child taken in the school setting, provided that no identification (name or address) is used unless explicitly authorized.

We the undersigned do hereby represent that all statements made by us on the Admission Application form are correct and we acknowledge that we have read, understood and agree to all terms and conditions of the application, as set forth in the form entitled Enrolment Agreement.

Parent / Legal Guardian name: _____

Parent / Legal Guardian Signature: _____ Date: _____

ABC Montessori

Enrolment Agreement

1. An **Initial Instalment** and **Program/Book Fee** are required at time of registration.
2. The **Application Fee, initial instalment** and **any Program Fees, Activity Fees and Book Fees** are **NON REFUNDABLE**.
3. Placement will not be confirmed until receipt of all approved payment authorizations.
4. Tuition is applicable for the full school year (September to June) in accordance with the published School calendar.
5. Tuition is based on the full school year and is not calculated on a monthly basis.
6. There will be no refunds due to school closures that are a result of any events beyond the school's control.
7. In the event a student is unable to start the school year, the initial installment, program/book fee, application fee, will remain nonrefundable.
8. A **two-month notice** in lieu of a sum equal to two monthly installments, net of the initial installment is required for any withdrawals.
9. If the school requires the withdrawal of a student, a refund will be given in proportion to the part of the academic year involved net of the non-refundable initial installment and book/program fee.
10. There will be no reduction or refund of tuition fees for any leave of absence during the school year for any reason whatsoever.
11. A sibling discount is applicable on tuition fees of the second child if enrolled for the full academic year.
12. The annual tuition fee does not include the Summer Camp Programs.
13. Any declined payment authorizations will incur a $30.00 service charge.
14. Payments not received by the due date will incur late payment charges of 1.5% per month.
15. All credit card transactions will be subject to a 2.5% surcharge

I _____ have read and understood the terms of enrolment for ABC Montessori and I am in full agreement with the same. I understand that my application fee, book fees and Initial Installment Payment are non-refundable without exception. This agreement is binding when signed by both the parent and the school representative and the receipt of the initial installment and book/program fees.

Parent / Legal Guardian Signature: _____ Date _____

School Representative: _____ Date: _____

Region of Peel
Working for you
Public Health

Immunization Records Form For Children in a Child Care Centre

Please Complete **All** Sections

Name of Child Care Centre		Address of Centre or Name of Campus
Child's Last Name		Child's First Name (Legal)
Date Of Birth (YYYY-MM-DD)	Gender (✓) ☐ Male ☐ Female	Child's Preferred Name

I consent to the collection and use of the Ontario Health Card Number for the purpose stated below[1] :

Signature Required _____
Signature of parent/legal guardian

Child's Ontario Health Card Number ___ ___ ___ ___ / ___ ___ ___ / ___ ___ ___

Parent / Legal Guardian Information

Last Name		First Name
Home Address		
Apt/Unit#	City	Postal Code
Home Telephone Number	Mobile Telephone Number	Business Telephone Number

Please attach a copy of the immunization record with dates of all vaccines received.
DO NOT ATTACH ORIGINAL.

All children attending a licensed child care centre are required to be immunized according to the Publicly Funded Immunization Schedule for Ontario. This may include immunization against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, meningococcal disease, varicella, pneumococcal disease, *haemophilus influenza type b* (Hib), and rotavirus. The parent/legal guardian must provide an immunization record or proof of a valid exemption to the provider when registering for licensed child care.

Important Information:

- Peel Public Health reviews and maintains the records of pre-school and school-aged children to ensure they meet the requirements of the Ontario Immunization Schedule.
- Your child care provider must have an up-to-date immunization record for your child on an ongoing basis.
- Inform your child care provider and Peel Public Health every time your child receives an immunization. Please note that doctors do not report this information.

Peel Public Health will enter your child's immunization information into a secure provincial immunization database called Panorama. Your child's immunization information may be shared with or accessed by another health care provider if they administer immunizations or are required to maintain a record of immunizations for your child. If you do not want this information shared please provide notification to the address provided on the reverse. If you have questions about the privacy of your child's immunization information, please contact Peel Public Health at 905-799-7700.

IMMUNIZE ON TIME. REPORT EVERY TIME.

[1] **Notice with respect to the Collection of Personal Information**: This information is being collected pursuant to the *Health Protection and Promotion Act R.S.O. 1990 c.H.7* and will be retained, used, disclosed and disposed of in accordance with all applicable municipal, federal, and provincial laws and regulations governing the collection, retention, use, disclosure and disposal of personal information including the *Municipal Freedom of Information and Protection of Privacy Act R.S.O. 1990 c. M. 56, the Personal Health Information Protection Act 2004 S.O. 2004 c.3.* This information will be used by Peel Public Health or an Ontario public health unit where your child attends school for the purposes of the administration and evaluation of the Vaccine Preventable Diseases Program. Any questions regarding this collection may be directed to the Medical Officer of Health, Peel Public Health, P.O. Box 667, RPO Streetsville, Mississauga, ON, L5M 2C2 **905-799-7700**

This form is to be completed by all new registrants who are enrolling in a licensed child care centre in the region of Peel. Please complete this form in its entirety.

Once completed child care centre staff will:

1. Make a clear copy of the immunization document and staple to this form. Be sure the copy of the immunization record includes the name on the form and all details contained in the original, front and back pages.

    - Acceptable documents are: immunization cards, letters or documents from physicians with vaccination information. The name of the child and date of birth must be on the document.

    - Documents do not need to be in English, as Peel Public Health will translate immunization records free of charge.

    - Children without an immunization record should be referred to Peel Public Health. Interpreters are available if needed.

2. Return the original immunization record to the parent/legal guardian.

3. Send all completed forms and copies of documents via mail to :

    Region of Peel
    Health Services - Immunization Records
    PO Box 630 RPO Streetsville
    Mississauga, On L5M 2C1
    www.ImmunizePeel.ca

PAYMENT OPTIONS

ABC Montessori can accept payment for tuition fees as follows:

1. Pre-authorized Debit (PAD) agreement
2. VISA or Mastercard.
3. Cash

CHEQUES WILL NOT BE ACCEPTED AS A MODE OF PAYMENT FOR TUITION FEES

TERMS AND CONDITIONS:

1. All payments are due on the first day of the month.
2. All declined debit or credit transactions will incur a bank charge of $30 per incident.
3. All credit card transactions will be subject to a 2.5% surcharge

ABC Montessori Private School

JUNIOR CASA AND CASA 2

2021-2022

School Year Fee: $10,500.00 plus Application & Program Fee

STUDENT: _____

OPTION 'A' ☐		OPTION 'B' ☐		OPTION 'C' ☐	
Application Fee	$150.00	*Application Fee*	$150.00	*Application Fee*	$150.00
Initial Installment	$1,200.00	*Initial Installment*	$1,200.00	*Initial Installment*	$1,200.00
Program Fee	$375.00	*Program Fee*	$375.00	*Program Fee*	$375.00
Advance Payment	$9,070.00	*4 Quarterly Payments*	$9,300.00	*10 Monthly Payments*	$9,400.00
TOTAL	**$10,795.00**	**TOTAL**	**$11,025.00**	**TOTAL**	**$11,125.00**
Note: - ***Advance Payment is due by Aug 1*** - *Initial Installment, Application Fee, and Program Fee are due at time of registration*		*Note:* - ***Quarterly Payments are due Aug 1, Oct 1, Dec 1, Feb 1*** - *Initial Installment, Application Fee, and Program Fee are due at time of registration*		*Note:* - ***Monthly Payments are due on Sep 1, Oct 1...May 1, & Jun 1*** - *Initial Installment, Application Fee, and Program Fee are due at time of registration*	

Terms and Conditions:

- The annual tuition fee is for the full school year starting in September and ending in June, for the regular school day of 9:00 am to 3:30 pm, and in accordance with the published school calendar
- The annual tuition fee does not include extended care fees or camp fees
- The annual tuition fee includes meals, in accordance with the Food Program provided by the school.
- A sibling discount is applicable to any student who has an older sibling already enrolled in school. **Both students must be enrolled for the FULL academic year.**
- All fees are due in accordance with the timetable indicated above and based on the payment option you choose. The advance payment and quarterly payment options are not available after August.
- The Initial installment, program fee, and application fees shall remain non-refundable once a student has been registered.
- For any withdrawal from the school, a notice of two (2) months or fee amounting to two (2) monthly installments in lieu is required. The initial installment, program fee, and application fee shall remain non-refundable.
- School fees will not be refundable due to absences or due to any government-mandated closures.
- All payments for tuition and extended care must be authorized for the first day of the month.
- A fee for late pick-up is applicable as outlined in the student handbook and as posted in the school.
- **A 2.5% surcharge will be levied on all credit card transactions**

I _____ have read, understood, and confirm my agreement to the terms and conditions and the chosen
(Parent's/Guardian's Name)

payment option above .

_____ _____

Signature Date

ABC Montessori

Pre-CASA & CASA
Extended Hours Fee Schedule

2020/ 2021

Program	Program Hours	Monthly Payments
Before School	7:30 a.m. – 8:30 a.m.	$140.00
After School	3:45 p.m. – 6:00 p.m.	$170.00
Full Extended Care	7:30 am – 8:30 am 4:00 pm – 6:00 pm	$280.00

I wish to enroll _____ for _____
(Student Name) (Before School/After School/ Full Extended Care)

starting from the month of_____ to the month of _____

TERMS AND CONDITIONS

- All payments authorizations are due upon enrollment in the Extended Hours Programs. Late payments will incur a 5% late fee.
- Postdated payment authorizations should be submitted for all months for which a student is enrolled in the Extended Hours Programs. The payments should be authorized for the first of each month.
- The monthly fees for the Extended Hours Programs **are not based** on the number of days a student uses the program.
- **A fee for late pick-up** is applicable as outlined in the student handbook and as posted in school.
- **A written notice, two weeks in advance**, is required for any withdrawals from the Extended Hours Programs. **Without proper notice, you are obligated to pay for the Extended Hours Programs whether you use the service or not.** This policy is in place in order for the school to keep proper student / teacher ratios and to allow the school adequate time to arrange staffing for the programs.
- **A surcharge of 2% will be levied on all credit card transactions.**

I _____ have read, understood and agree to the terms and conditions for
(Parent's / Guardian's Name)

enrollment in the Extended Hours Programs.

_____ Date: _____
(Parent's / Guardian's Signature)

In**School**wear.com

Dear Parents,

InSchoolwear would like to welcome ABC Montessori School to another school year. We look forward to the privilege of providing your child with his or her school uniform.

Retail locations and on-line shopping at www.inschoolwear.com make purchasing your child's uniforms as simple and stress-free as possible. You may use the school's unique code "**abcm"** to register. Our knowledgeable staff will be able to expertly fit your child for their school uniform, in person, at your school's retail location situated at **5359 Timberlea Blvd, Unit 54, Mississauga**. Please contact us on 905 625 6143 for appointments.

We encourage our families to take advantage of InSchoolwear's annual sale. In the month of June there is a **Save the Taxes** sale on all back-to-school items.

Please do not hesitate to contact us at anytime, we are happy to answer any of your questions or concerns. Just e-mail us at mississauga@inschoolwear.com.

Kindest regards,

InSchoolwear
5359 Timberlea Blvd, Unit 54
Mississauga, Ontario, L4W 2R7
905-625-6143

ABC Montessori

Uniform Requirements

The official school Uniform is mandatory for all students attending ABC Montessori except the Pre-CASA students. The school uniform must also be worn on every day and on field trips, unless otherwise suggested.

All Uniform items must be purchased directly from InSchool Wear located at 5359 Timberlea Blvd Unit 54, Mississauga, ON L4W 4N5 Tel: (905) 625-6143, except for shoes and socks. Articles of clothing other then official school uniforms will not be accepted in school. Please do not request for exceptions.

Boys

a) White, collared Inschoolwear short-sleeved polo shirt with school logo, or
White, collared Inschoolwear long sleeve polo with school logo, or
White Inschoolwear turtleneck with school logo

b) InSchoolwear burgundy cardigan with school logo

c) InSchoolwear navy blue school pants

d) Navy blue socks (any brand)

e) Black soft non-marking soled dress Shoes (any brand)

Girls

a) White, collared Inschoolwear short-sleeved Polo shirt with school logo, or
White, collared Inschoolwear long sleeve Polo with school logo, or
White Inschoolwear turtleneck with school logo

b) InSchoolwear burgundy cardigan with school logo

c) FOR CASA STUDENTS: InSchoolwear navy blue **tunic** or navy blue **pants**

d) **FOR ELEMENTARY PREP AND ELEMENTARY STUDENTS:** Inschoolwear navy blue **pants or** school **kilt**

e) Navy blue socks or stockings (any brand)

f) Black soft non-marking soled dress Shoes **(can be purchased anywhere)**

GYM UNIFORM FOR ELEMENTARY PREPARATORY TO GRADE 5 ONLY:

a) "ABC Montessori Athletics" white t-shirt with school logo
b) InSchoolwear Blue track pants and sweatshirt with school logo or InSchoolwear blue shorts for warmer months, if needed
c) White or blue socks (any brand)
d) Running shoes (any brand – with velcro straps for younger students)

ABC Montessori Private School

Committed to Academic Excellence

PRE-AUTHORIZED DEBIT AGREEMENT

I/we authorize ABC Montessori, 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/quarterly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our enrolment agreement with ABC Montessori. Regular monthly or quarterly payments or one time advance payment for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month. ABC Montessori will obtain my/our authorization for any other one-time or sporadic debits. This authority is to remain in effect until ABC Montessori have received written notification from me/us of its change or termination or until the completion of the term of enrolment, which ever date falls first.. This notification must be received at least two (2) months before the next debit is scheduled at the address provided below, in accordance with the enrolment agreement we have entered with the school. ABC Montessori may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us. I/we have certain recourse rights if any debit does not comply with this agreement.

DATE:_____ **STUDENT NAME:**_____

Name(s):_____ Address:_____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: (Bus.) _____ (Res.) _____

Financial Institution: _____

Account Number: _____ Transit Number: _____ Bank Number: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Registration Fee*	✔	Amt	Tuition Authorization	✔	Amt	Extended Care Payments	✔	Amt
Application Fee			August Instalment			September Instalment		
Program/Book Fee			September Instalment			October Instalment		
Initial Instalment			October Instalment			November Instalment		
			November Instalment			December Instalment		
***due at time of**			December Instalment			January Instalment		
registration			January Instalment			February Instalment		
			February Instalment			March Instalment		
			March Instalment			April Instalment		
			April Instalment			May Instalment		
			May Instalment			June Instalment		
			June Instalment					
FILE NO			FILE NO			FILE NO		

Authorized Signature

4300 Cawthra Road
Mississauga, Ontario
L4Z 1V8
T: 905.281.2595

305 Matheson Boulevard East
Mississauga, Ontario
L4Z 1X8
T. 905.568.8989
F: 905.568.0958

285 Matheson Boulevard East
Mississauga, Ontario
L4Z 1X8
T: 905.568.1716

www.abcmontessori.com

ABC Montessori Private School

Committed to Academic Excellence

CREDIT CARD AUTHORIZATION

Student: _____ **Registration Date:** _____

I, _____ give ABC Montessori Private School the authorization to charge my Visa/Mastercard credit card for the payments indicated below, to be charged on the first day of the month in which they become due for the 2021/2022 school year:

Registration Fee*	✔	Amt	Tuition Authorization	✔	Amt	Extended Care Payments	✔	Amt
Application Fee			August Instalment			September Instalment		
Program/Book Fee			September Instalment			October Instalment		
Initial Instalment			October Instalment			November Instalment		
			November Instalment			December Instalment		
***due at time of**			December Instalment			January Instalment		
registration			January Instalment			February Instalment		
			February Instalment			March Instalment		
			March Instalment			April Instalment		
			April Instalment			May Instalment		
			May Instalment			June Instalment		
			June Instalment					
Authorization #			**Authorization #**			**Authorization #**		

****FOR ALL CREDIT CARD TRANSACTIONS, THERE WILL BE A 2.5% SURCHARGE ON THE ABOVE AMOUNTS****

VISA □ **MASTERCARD** □

Credit Card Number: _____

CVC Number: _____ **EXP:** _____

Billing Address: _____

_____

Telephone Number: _____

***** _____

Authorized Signature

4300 Cawthra Road
Mississauga, Ontario
L4Z 1V8
T: 905.281.2595

305 Matheson Boulevard East
Mississauga, Ontario
L4Z 1X8
T. 905.568.8989
F: 905.568.0958

285 Matheson Boulevard East
Mississauga, Ontario
L4Z 1X8
T: 905.568.1716

www.abcmontessori.com