



# SHINING STARS MONTESSORI SCHOOL

811 Bovaird Dr. West, Unit # 15 & 16, Brampton ON L6X 0G3

## APPLICATION FOR ADMISSION (PLEASE COMPLETE ALL SECTIONS)

<b>APPLICATION DATE:</b> Day / Month / Year	<b>SCHOOL START DATE:</b> Day / Month / Year
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<b>CHILD'S NAME</b> Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>DISCHARGE DATE:</b> Day / Month / Year
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<b>First Name</b>	<b>M.I</b>	<b>Last Name</b>	<b>Date of Birth: Day / Month/Year</b>

<b>School/Daycare Attended</b>	<b>Subsidy</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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Application for:	<b>Half Day Programs</b>	<b>Full Day Program</b>
Morning 8:00am to 12:00pm <input type="checkbox"/>	Afternoon 12:00pm to 4:00pm <input type="checkbox"/>	7:00am to 6:00pm <input type="checkbox"/>
Morning 7:30am to 11:30am <input type="checkbox"/>	Afternoon 2:00pm to 6:00pm <input type="checkbox"/>	

### PARENT / GUARDIAN INFORMATION

<b>Mother's Name</b>	<b>Occupation / Employer</b>
<b>Home Address</b>	<b>Work Address</b>
<b>Residence Phone</b>	<b>Work Phone</b>
<b>Cell Phone</b>	<b>Email</b>

<b>Father's Name</b>	<b>Occupation / Employer</b>
<b>Home Address</b>	<b>Work Address</b>
<b>Residence Phone</b>	<b>Work Phone</b>
<b>Cell Phone</b>	<b>Email</b>

### EMERGENCY CONTACT PERSON

<b>Name/Relationship</b>	<b>Cell/Phone</b>
<b>Name/Relationship</b>	<b>Cell/Phone</b>
<b>Name/Relationship</b>	<b>Cell/Phone</b>

### AUTHORIZED PICK UP PERSON(S)

<b>Name/Relationship</b>	<b>Cell/Phone</b>
<b>Name/Relationship</b>	<b>Cell/Phone</b>
<b>Name/Relationship</b>	<b>Cell/Phone</b>

\_\_\_\_\_  
Parent(s)'s or Guardian(s)'s Signature

\_\_\_\_\_  
Date



# SHINING STARS MONTESSORI SCHOOL

811 Bovaird Dr. West, Unit # 15 & 16, Brampton ON L6X 0G3

## STUDENT MEDICAL INFORMATION (PLEASE COMPLETE ALL SECTIONS)

Student's Name

Height

Weight

Physician's Name

Physician's Tel#

Physician's Address & Postal Code

Briefly comment on your child's overall health:

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

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Has your child ever been diagnosed with any communicable disease: Yes \_\_\_ No \_\_\_

If Yes, Please list disease and Date of illness below.

Communicable Disease :

Date:

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Does your child have any special requirement for sleep:

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

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

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Is your child on any special diet: Yes \_\_\_ No \_\_\_

If yes, please give details below:

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Parent(s)'s or Guardian(s)'s Signature

Date:



## ★ SHINING STARS MONTESSORI SCHOOL ★

### SCHOOL YEAR AND /OR SUMMER PROGRAM TERMS OF CONTRACT FOR ALL STUDENTS

#### General Terms:

1. The terms of this contract apply for the school year and/ or summer camp held in July and August in which the student is enrolled at the Shining Stars Montessori School. Specific dates for the program are contained on the Summer Camp Registration Form. The School observes the Canada Day Holiday in July and Civic Holiday in August and therefore there will be no camp on those days. Specifically, there will be no refunds or changes in fees for those weeks. For the School year(Sep-Jun) the School observes all the civic holidays such as Labour Day, Thanksgiving Day, Christmas holidays , Boxing Day, New Years Day, Family Day, Good Friday, Easter Monday, Victoria Day, Canada Day and Civic holiday therefore there will be no school on those days. Specifically, there will be no refunds or changes in fees for those days.
2. Should a student who is enrolled in the school year enrolled in the School's summer camp held in the months of July and August, immediately following the current school year, then the student information terms of contract waivers and code of conduct will be carried over for the summer camp only. Should a new student be enrolled in the summer camp during the months of July and August then apply for the regular school year, all student information, terms of contract, waivers and code of conduct will pertain to the subsequent school year only. There will be a one-time registration fee of \$100 applicable in September for those new students for the subsequent school year.
3. A student will not be accepted into the School unless the entire enrollment form has been completed in full and signed. Post dated cheques (dated on the first of each month) to cover the balance of the tuition should be presented to the school and non-refundable current dated cheque for June or upon registering your child. OHIP number or proof of health insurance, must accompany the enrollment form. New students must provide a copy of their birth certificate and immunization documentation. A student is considered accepted into the School only upon a confirmation-form being issued by the School.
4. Summer Camp fees are due upon registration. **Summer camp fees are non-transferable and non-refundable.** Once paid, there will be no refund of summer camp fees whatsoever, including but not limited to a student's withdrawal from the programs for any reason. All summer camps classes and program offered are subject to change and / or cancellation at anytime, and are offered subject to sufficient enrollment, as determine by the School. Should the School decide to cancel a program due to low enrollment, all fees paid to date shall be fully refunded without interest or penalty.
5. **In the event of a serious snow/ice storm/winter storm or an unforeseen event, the School may automatically be closed. Also if the Peel Board of Education announces school closure in our area, this School will also be closed. It would be advisable in these circumstances to call the school before leaving your home.**
6. **There are no refunds for withdrawal, and no refunds for holidays, school closures, sick days, or days missed for any reason, throughout the summer camp or school year.**
7. Fees for summer camp are due upon registration. Payment can be made by cheque or cash. 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. The student's full name must be written on the back of each and every cheque. **A charge of \$50 will be applied against all N.S.F cheques or cheques retuned for any reason.**
8. There is a late pick-up charge which is applied at the rate of a Dollar per minute after 6 p.m. or at anytime that school staff has to remain beyond established hours to care for a student due to a late pick-up. The late pick-up fee to be paid by cheque.

9. The School reserves the right to accept or reject this application and also to expel a student at any time if the program does not meet the needs of the child. Furthermore, if the parent/guardian acts in a disrespectful manner and behavior the supervisor/administrator reserves the right to terminate care of your child effective immediately.

10. 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.

11. The School reserves the right to change fees at any time.

12. **Withdrawal Procedure:** The School requests written notice of a student's withdrawal and then; however there will be no refund or transfer of the summer camp fees. For the school year, the School requests written notice of a student's withdrawal one month prior to the intended date of withdrawal. There will be no refund or transfer of the registration fee and / or the June prepaid fee.

13. All new applicants for the school year must pay a one-time \$100 registration fee per student, which is not refundable for any reason. With all methods of payment September and June monthly fees is due at the time of registration or re-enrollment. There are no refunds on the June prepaid fee (dated upon registration) for any reason, nor is the June fee deductible from any other fee.

14. All post dated monthly payments will be processed the first of each months and bi-weekly on Monday of every other week without exception.

15. Should fees remain outstanding five (5) days after the due date, i.e.: the first day of the month, the School reserves the right to suspend or expel a student immediately and take whatever action it deems necessary to collect such overdue account.

16. The monthly fee is due regardless of the days in a month, absenteeism due to illness or inclement weather, plus school and statutory holidays.

**I/we have read and understood the terms of contract, the methods of payment , and the policy of the School as outlined and I hereby agree to all the terms and conditions stated therein.**

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s):

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Administrator



★ SHINING STARS MONTESSORI SCHOOL ★  
**PHOTOGRAPHIC WAIVER**

Student's Name: \_\_\_\_\_

During the school year and / or Summer Camp program, numerous photographs are taken to document daily classroom activities, trips, events and special activities. Some of these photographs are used for internal purposes, such as bulletin boards displays, and newsletters.

In addition Shining Stars Montessori School reserves the right to use photographs and or videos containing my child's/children's images for promotional, advertising and or public relation purposes. Such photographs may be included in the Shining Stars Montessori School's brochures, posters, Web sites, newspaper, magazine and television advertisements. Shining Stars Montessori School will incur the full cost of such photography or videotaping.

By enrolling my child/children in the School and permitting them to participate in school activities and events. I/We acknowledge that the School may use photographs taken of my child/children for internal school purposes, promotional, advertising and public relations purposes.

I/We acknowledge and confirm that all photographs, advertisements, Web site materials and related records and documents used in, arising out of or related to Shining Stars Montessori School's promotional, advertising and / or public relations activities shall remain the exclusive property of Shining Stars Montessori School, who shall own all copy right.

I/We also waive any and all rights to any personality rights of my child/children to Shining Stars Montessori School for use on the Shining Stars Montessori School's Web site or in other promotional advertising or public relations materials.

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

\_\_\_\_\_  
**Parent's or Guardian's Printed Name:**

\_\_\_\_\_  
**Date:**

**CONSENT OF PARENT(S) / GUARDIAN(S)**

I/We hereby warrant and acknowledge, the above information for \_\_\_\_\_  
(Please Print Student's Full Name)

is complete and accurate to the best of my/our knowledge. I/We also agree to provide the School, in a timely manner, any changes regarding my/our child's/children's information.

I/We understand and agree that, in the event of a medical emergency, a medical practitioner and / or a teacher, or other Shining Stars Montessori School Employee can authorize emergency medical care of the above named student(s). In the case of a medical emergency, I/We authorize the School to provide any medical personnel with the basic health information contained in the enrollment form.

It is understood that this consent shall remain in effect for the current school year and the Summer Camp program should my child / children enrolled in the program.

I/We also agree to release and indemnify the School, it's Director, officers and Employees from any and all claims for damages arising from any illness, injury, or otherwise related action to my child/children as a result of any accident, illness, injury or for any other reason arising from participation in any school activities.

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s):

\_\_\_\_\_  
Parent's or Guardian's Printed Name:

\_\_\_\_\_  
Date:

**PERMISSION TO GO ON OUTINGS**

I/We give permission for the above named student to participate and travel to and from, all School related activities and in or out of school events during the school year or summer camp.

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

\_\_\_\_\_  
Parent's or Guardian's Printed Name:

\_\_\_\_\_  
Date:



## New Student Admission Documentation Checklist

1. Completed application forms - Please complete all pages in its entirety and make sure you sign where applicable.
2. Post-dated cheques – All post-dated cheques are to be submitted with your application, to be dated for the 1<sup>st</sup> or the 1<sup>st</sup> and 15<sup>th</sup> of the month if a bi-monthly payment plan is chosen. **A charge of \$50 will be applied against all N.S.F cheques or cheques returned for any reason.**
3. For all other payment plans, payments are due on the 1<sup>st</sup> of the month or on the 1<sup>st</sup> and 15<sup>th</sup> of the month if a bi-monthly plan has been chosen. For electronic transfers please email Tamanna Mehta: [ttaneja80@gmail.com](mailto:ttaneja80@gmail.com), phone number, 647-296-6744.
4. The registration fee of \$100, plus the first and last month deposit is required with the admission form.
5. **IMMUNIZATION RECORD** – The Region of Peel Public health requires all the schools to collect immunization information for children enrolled in school. Proof of immunization is required. **The immunization records must be submitted prior to your child attending their first day of School.**
6. **In the event of a serious snow/ice storm/winter storm or an unforeseen event, the School may automatically be closed. Also if the Peel Board of Education announces school closure in our area, this School will also be closed. It would be advisable in these circumstances to call the school before leaving your home.**
7. **There are no refunds for withdrawal, holidays, school closures due to inclement weather or professional development days, sick days/absenteeism, or days missed for any reason, throughout the school year or summer program.**
8. There is a late pick-up charge which is applied at the rate of a dollar per minute after 6 p.m. or at anytime that school staff has to remain beyond established hours to care for a student due to a late pick-up. The late pick-up fee to be paid immediately.
9. **Withdrawal Procedure:** Shining Stars Montessori School requires a one month withdrawal notice in writing.
10. Please provide your email address to the teachers in your child's classroom to receive the parent handbook and to receive any classroom communication.
11. Door code: \_\_\_\_\_ (to be provided on your child's first day of school).
12. On the first day of school please bring: **(Everything should be labelled with your child's name).**
  - Extra clothing
  - Jackets, hats, gloves and other appropriate outer-wear
  - A blanket
  - Indoor/outdoor shoes
  - Diapers/pull-ups and diaper wipes
  - Water and milk bottles

*Welcome to Shining Stars Montessori School*



## Prohibited Practices

1. Corporal punishment of the child;
2. Physical restraint of the child, such as confining the child to a high chair, car seat, stroller or other device for the purposes of discipline or in lieu of supervision, unless the physical restraint is for the purpose of preventing a child from hurting himself, herself or someone else, and is used only as a last resort and only until the risk of injury is no longer imminent;
3. Locking the exits of the child care Centre or home child care premises for the purpose of confining the child, or confining the child in an area or room without adult supervision, unless such confinement occurs during an emergency and is required as part of the licensee's emergency management policies and procedures;
4. Use of harsh or degrading measures or threats or use of derogatory language directed at or used in the presence of a child that would humiliate, shame or frighten the child or undermine his or her self-respect, dignity or self-worth;
5. Depriving the child of basic needs including food, drink, shelter, sleep, toilet use, clothing or bedding;
6. Inflicting any bodily harm on children including making children eat or drink against their will.