



**CHILD'S VIEW MONTESSORI CENTRE Inc.**

**Preschool to Kindergarten**

1333 Caribou Street West, Moose Jaw, SK S6H 7K5

Tel:(306)692-3533 • Email: cvmcenter@hotmail.com

Name
Birth Year

**REGISTRATION & TUITION FEE SCHEDULE**

Registration Fee (new admission fee per child at time of application) NON-REFUNDABLE.....	\$ 75.00
Half Day Class Tuition Fee: (Mon to Fri).....	\$425.00 -
Full Day Tuition Fee: 8:45 to 3:15 (Mon to Fri).....	\$850.00 -
Three half days per week .....	\$300.00 -
Four half days per week .....	\$400.00 -
Each additional half day added .....	\$ 90.00 -
Snack fee (charged monthly) ...WAIVED due to COVID19.....	\$ 15.00 -
<b>Extended Hours Options</b>	
Lunch Program 11:30 - 12:20 (Monthly fee per week day) .....	\$ 15.00 -
4:00-5:30 When enough students are enrolled (Monthly fee per week day) .....	\$ 30.00 -

Please note that all these tuition fees are due on the first of every month, registration fee must be paid at the time of registration. A child is fully registered only when the registration fee is paid; the registration form is signed and returned to the school and one month non-refundable tuition is paid as a deposit.

Maximum of 10 post dated cheques can be used to pay tuition and other applicable fees. The entire tuition fees can also be paid in one or two installments. Registration to returning students will not be accepted if their tuition fees are in arrears.

- There is a fee of \$35.00 for every N.S.F. cheque.
- A fee of \$10/hour will be charged for any child staying after their registered program, or those attending outside their regular schedule
- A late payment fee of \$25 is charged if fees are not recieved by the 6th of the month. An additional \$25 is assessed if tuition is not paid by 15th of the month.
- All payments should be made payable to the order of *Child's View Montessori Center*
- We require payment one month in advance.

**Refunds:**

1. The \$75.00 registration fee is non-refundable and non transferable.
2. One month's notice is required in order to withdrawl from the program. Your deposit will be used for this final month.
3. Notice must be received by the last day of the month and the notice period will be effective starting the first day of the next month.
4. When notice is properly given, all tuition fees for the months following the notice period will be refunded.
5. In the case of a child who is registered and then is determined not ready for the program after a two month assessment period, tuition for the tenth instalment will be carried forward.
6. There are no refunds or reductions in tuition for illness, family holidays or vacations. (All tuition fees are not transferable).
7. There will be no reduction in attendance or withdrawls allowed after March 1 of each school year.

Child's View Montessori Center Inc. is an independent and a private school registered under a non profit corporation. School reserves the right to cancel or change the program at anytime of the year without prior notice.

I have read and understand all these terms and condition as stated on this registration form including the school prospectus, I agree with these terms and conditions. My signature on this form recognizes that I have completed the enrollment procedure and given the correct information to Child's View Montessori Center, which they require to register.

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\_\_\_\_\_  
Signature of Parent/Guardian -

\_\_\_\_\_  
Date -

## PARENT STATEMENT

- 2 & 3 year old must come at least 3- half days per week.
- all students are encouraged to come 5 half days per week AM or PM.

Days	M	T	W	Th	F
Morning Program (8:45-11:30)					
Afternoon Program (12:30-3:15)					
Full day Program (8:45-3:15)					
Lunch Program					

### Child's Information:

First Name:	Middle Name	Last Name
Address:		Postal Code
Sex: Male Female	Date of Birth (dd/mm/yy):	
Child's First Language:	Child's Second Language:	
Nationality		

### Other Children in Family:

Name:	Date of Birth:	School:
Name:	Date of Birth:	School:
Name:	Date of Birth:	School:

### Parent Information:

Mother's Name	Occupation	
Address (if different from child)		
Home number	Cell number	Work number
Father's Name		Occupation:
Address (if different from child):		
Home number	Cell number	Work number
Email Address:		
<b>Emergency Daytime contact</b>	Home number	Cell number

## CHILD'S MEDICAL HISTORY

Child's Doctor \_\_\_\_\_

Tel: \_\_\_\_\_ Health card number \_\_\_\_\_

Special dietary requirements (if any) \_\_\_\_\_

Any allergies (e.g. Nuts, chocolate, milk, etc) \_\_\_\_\_

If your child has any disabilities, which require special care, please provide full details along with this form

My signature on this form recognizes that I give full permission to Child's View Montessori Center Inc and any staff, to do whatever is deemed to the best of their knowledge and abilities, for the care and welfare of my child and to administer medical product as needed and as specified below.

Please list medication your child uses (include frequency and dosage information) \_\_\_\_\_

### Access To The Child

I understand that the parents/guardians and the emergency contact mentioned on this form have access to the child for pickup at the end of the day. The child will not be released to any other person, unless proper notice has been given specifically to Child's View Montessori Center Inc.

Child's View Montessori Center Inc requires permission to use some photos of students in materials such as marketing and the school website. No personally identifying information will be given out, and the photos will not be used for any other activities. The school pupils may be participating in educational activities including (but not limited to) fieldtrips. We will require your permission for your child's participation in such fieldtrips and a more specific form will be sent home prior to any trip.

I hereby give permission to use photos of my child \_\_\_\_\_ (child's name)

I hereby **DO NOT** give permission to use photos of my child \_\_\_\_\_ (child's name)

\_\_\_\_\_  
Parent's / Guardian's Name

\_\_\_\_\_  
Parent's / Guardian's Name

\_\_\_\_\_  
Parent's / Guardian's Signature

\_\_\_\_\_  
Parent's / Guardian's Signature

### ADMISSION AND ENROLLMENT INFORMATION

1. Inquiry - Parents of prospective students should call CVMC to make an appointment for a tour.
2. Application - The completed application form and registration fee should be submitted to the school.
3. School Visit / Family Interview - Each child is invited to visit the classroom to become familiar with the environment and to determine his or her readiness for the new settings. A family meeting is also scheduled to establish mutual understanding between the family and school.
4. Parent Participation - CVMC relies on active parent participation. Parents are encouraged to support the school through attendance at parent education meetings and school events; through volunteer work and fundraising efforts as well as being volunteer members of the Parent Advisory Council.
5. Child's View Montessori Center Inc. does not include any religious teaching in their curriculum. Parents are welcome to write any additional comments, or any further information on a separate piece of paper.

Parents must bring registration form the day they want to register their child.

School to fill out the amount of payment (currently dated cheques) enclosed with the registration related to the following:

Registration fees (nonrefundable) \_\_\_\_\_

One month tuition deposit (Non-refundable) \_\_\_\_\_

Annual fee pay in one or two instalments \_\_\_\_\_

Total payment enclosed by cheque or cash \_\_\_\_\_

Monthly payments require maximum of 10 post-dated cheques. PLEASE WRITE ALL THE DATES OF THE MONTH AND CHEQUE NUMBER BELOW. (All post-dated cheques will be deposited with the school before classes start). Thank You.

(1) _____ / _____ Date Chq# Amount	(6) _____ / _____ Date Chq# Amount
(2) _____ / _____ Date Chq# Amount	(7) _____ / _____ Date Chq# Amount
(3) _____ / _____ Date Chq# Amount	(8) _____ / _____ Date Chq# Amount
(4) _____ / _____ Date Chq# Amount	(9) _____ / _____ Date Chq# Amount
(5) _____ / _____ Date Chq# Amount	(10) _____ / _____ Date Chq# Amount

\_\_\_\_\_  
Signature of Parents / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Child's View Montessori Center

\_\_\_\_\_  
Date