

Penpals Montessori Children's House

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Enrolment Agreement **for Year (20 ___ - 20 ___)**

In order to make a commitment to the child, the parents, the teachers and the program a non refundable **\$100 registration fee** has to be paid and this **contract must be signed** by the directress, assistant and a parent/guardian prior to the commencement of the program.

The directress and assistant undertook to provide care for _____ (name of the child) and agreed to discuss with the parent(s)/guardian any suggestions with the child and the program.

I, the parent/guardian, agree to the following:

1. To pay Penpals Montessori monthly fees with at least 6 months of post-dated cheques made out to Penpals Montessori Children's House on **the first day** of each month. **The monthly tuition is \$430 for AM program (8:30 to 12:00 pm) per month; \$440 for early drop off (8:00 – 12:00 pm) and \$420 for PM Program (12:30 – 3:30 pm).** Monthly fees with a full year of post-dated cheques are preferred. If the cheque is received after the 1st of the month, a service charge of \$10.00 will be paid. In the event of a Non-Sufficient-Fund cheque, I agree to pay the \$25 bank service charge and will make cash payments for each month from then on. I understand that fees are required regardless of my child's possible absences due to illness, vacation, etc.

____ **Initials**

2. To ensure a place for my child, I will pay a one-month deposit, which will cover the tuition of the last month of the school year (June). This will be refunded if I provide Penpals Montessori with at least a one-month written notice if I should decide to withdraw my child/children at any point.

____ **Initials**

3. I will provide Penpals Montessori a proper 30-Day written notice from the **first day** of the month (earlier if possible) if I should decide to withdraw my child/children from the programme. I understand that if this is not done, the one-month fee deposit will not be refunded.

____ **Initials**

4. I will be responsible for and ensure that all subsidy authorizations are kept current and parent portions are paid as well as regular fees, or this will result in immediate termination of my child's spot at Penpals Montessori.

____ **Initials**

5. I understand and agree that the Agency has the rights to increase the programs fees at any time with a minimum of one month's notice.

____ Initials

6. To supply a photocopy of my child's birth certificate at registration time, and to submit a photograph of each of the people authorized to pick up my child. I will update them immediately if there are any changes.

____ Initials

7. To drop off my child at exactly **8:30 a.m.** and pick him/her up at **12:00 p.m. (except morning drop off option at 8:00 a.m.)** if attending the morning programme; To drop off my child at exactly **12:30 p.m.** and pick him/her up at **3:30 p.m.** if attending the afternoon programme. If not, I understand that a penalty fee will be paid for each minute that I will be late to pick up my child.

____ Initials

8. If my child is to be absent, I will hand in to the teacher a signed, dated note explaining the reason and length of his/her absence from Penpals Montessori.

____ Initials

9. To drop off my child directly to a staff member and not take my child away from the school without letting a staff member know beforehand.

____ Initials

10. To notify Penpals Montessori in writing and in advance if any person other than the undersigned is picking up my child on a particular day.

____ Initials

11. To provide Penpals Montessori an up-to-date record of immunizations BEFORE the child enters Penpals Montessori.

____ Initials

12. I understand that there will be **no refunds or deductions** from the school fees for days that the school is closed, holidays, sick days, family vacations or mid-month withdrawals throughout the school year.

____ Initials

13. To keep my child at home away from Penpals Montessori if there is any question of illness. I will also notify the staff the nature of the illness immediately. If my child becomes ill while in school, I will be notified and will arrange to pick him/her up as soon as possible. In the event of an emergency, I understand that my child would be taken to the nearest emergency services and that I would be notified as soon as possible. Attempts would also be made by the staff to contact my child's physician.

____ Initials

14. I understand that if my child (or a close family member) has a communicable disease, I am to contact Penpals Montessori so that the other parents/caregivers and/or the Health Department may be notified.

____ Initials

15. That medication will be administered **only** on receipt of a written request after discussing the need for the medication and the type of medication with the staff in charge. For this purpose, a form is required to be filled.

____ **Initials**

16. To keep the staff informed of any changes in the family routine or significant events which may affect, positively or negatively, my child's behaviour at Penpals Montessori. All communication between parents and teachers must take place in a respectful, calm and private atmosphere.

____ **Initials**

17. To give consent to the staff to make available my child's records to Vancouver Coastal Health Services and for my child to be involved in drop-in visits by the Vancouver Coastal Health Services.

____ **Initials**

18. To attend meetings and workshops conducted by the staff to improve and enrich the child's programme experience.

____ **Initials**

19. To put safety before convenience by following and respecting the safety and parking requirements as outlined in the Parent Handbook.

____ **Initials**

20. I understand that Penpals Montessori reserves the right to request the withdrawal of a child if it is in the best interest of the child and/or Penpals Montessori.

____ **Initials**

21. I understand that Penpals Montessori reserves the right to review and accept/decline a request for sibling preference at registration, as outlined in the Parent Handbook. If it is determined that it would not be in the best interest of the child currently enrolled in the programme, Penpals Montessori will not give registration preference to the younger sibling.

____ **Initials**

I acknowledge that even though tuition contracts are for one year at a time, Penpals Montessori strongly recommends that children be enrolled in the programme with the intent of completing the three-year cycle – an important requirement according to the Montessori philosophy.

I understand and agree to abide by the terms of this agreement and to comply with the rules and regulations of Penpals Montessori Children's House.

1. Signature of Parent or Guardian

Name of Parent or Guardian (Please print clearly): _____

2. Signature of Parent or Guardian _____

Name of Parent or Guardian (Please print clearly): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

3. Signature of the Directress _____

Name of the Directress _____

4. Signature of the Assistant _____

Name of the Assistant _____

DATED: Day _____ Month _____ Year _____