



## Waterfront Montessori Children's Centre

A parent run co-operative, non-profit childcare centre since 1974  
18 Wyandot Avenue, Toronto Island M5J 2M9 (416) 203-1017  
[info@waterfrontmontessori.net](mailto:info@waterfrontmontessori.net)      [www.waterfrontmontessori.net](http://www.waterfrontmontessori.net)

Dear Parents:

Attached is the WMCC Fee Installment Schedule for all students and a 2009/2010 Registration Form. Please read all material fully and keep a copy for your records.

**Note: Registration is on a first come first served basis.** If you have any questions please call me at the school at 416-203-1017 or leave a message. You may also email me at: [info@waterfrontmontessori.net](mailto:info@waterfrontmontessori.net)

When we receive your registration package you will receive a Parent Handbook which is designed to help you prepare for September and to familiarize yourself with our policies and procedures. Thank you and welcome.

Sincerely,

Kathleen Roerick  
Executive Director

Your completed registration package will include the following:

- Signed student registration form 2009-2010 (with emergency contact name section completed in full)
- 2009-2010 Parental Consent Forms: Medical Information and Consent Form, Travel on the Bus Consent Form, Field Trip Consent Form, Drop Off and Pick-up Consent Form; Photo release Consent Form
- Photocopy of your child's immunization record- please ensure your child is up to date on his/her immunization
- Parent/Guardian Contract (both parents/guardians must sign)
- Payment according to the payment schedule you select.

**NOTE: Your child's registration will not be accepted if it is incomplete.**



## Waterfront Montessori Children's Centre

A parent run co-operative, non-profit childcare centre since 1974  
18 Wyandot Avenue, Toronto Island M5J 2M9 (416) 203-1017

### FEE SCHEDULE FOR SCHOOL YEAR 2009-2010

#### Annual fee includes:

- 10 Month Montessori/ECE Program
- Vegetarian hot lunch and snacks prepared fresh daily on premises
- Newsletter, Parent Handbook. The Waterfront Montessori Children's Centre is licensed and funded by the Ontario Ministry of Community and Social Services and the City of Toronto.

Childcare subsidies are available through Toronto Community and Neighbourhood Services.

Dates for the School year: The school year runs from Sept. 8, 2009 until June 26, 2010. The school is closed on statutory holidays and 2 weeks for the Winter Break in December.

**NOTE: REGISTRATION IS ON A FIRST-COME, FIRST-SERVED BASIS.** There are 24 spaces available for September 2010. Early registration is strongly recommended.

#### Enrolment Options:

Annual Fee for Five full days	\$9540.00
Annual Fee for Four full days	\$8250.00
Annual Fee for Three full days	\$7020.00

#### FEE PAYMENT PLAN

All Students Pay a **NON-REFUNDABLE DEPOSIT** equal to 10% (one month) of school fees. This deposit will be applied to June 2010 fees only. There is also a \$100.00 WMCC Family Registration Fee for your initial registration.

Please choose your fee payment schedule from the following three options:

#### **MONTHLY Payment Option:**

- 10% non-refundable Deposit
- \$100.00 WMCC Family Registration fee (if this is your first year registering with WMCC)
- \$150.00 administrative fee for the monthly payment option
- 9 post-dated cheques dated for the first of each month beginning in September 2009 through to May 2010.
- \$35.00 A.I.A. annual membership fee per family. Cheque should be payable to the A.I.A.

# Waterfront Montessori Children's Centre

## **PER TERM Payment Option:**

- 10% non-refundable Deposit
- \$100.00 WMCC Family Registration fee (if this is your first year registering with WMCC)
- There is no administrative fee for the per term payment option
- 40% of annual fee (for the First term - September to December ) Due August 1, 2009
- 60% of annual Fee (for the Second term - January to June) Due January 1, 2010
- \$35.00 A.I.A. annual membership fee per family. Cheque should be payable to the A.I.A.

## **FULL Payment Option (payment MUST be paid in full by August 1, 2009. If not paid in full by this date, you will be deemed to have selected a different payment option):**

- 10% non-refundable Deposit
- \$100.00 WMCC Family Registration fee (if this is your first year registering with WMCC)
- Full Payment (remaining balance). A 5% discount for one child on the remaining balance will be allowed if full payment is made by August 1, 2009.
- \$35.00 A.I.A. annual membership fee per family. Cheque should be payable to the A.I.A.

## **PAYMENT TERMS:**

- All cheques are to be made payable to: WMCC or Waterfront Montessori Children's Centre
- Post-dated cheques must accompany your registration
- The 10% Deposit and \$100.00 Family Registration fee are non-refundable
- N.S.F. charge of \$ 25.00 per cheque. Replacement payments shall be by certified cheque or money order.
- Only those parents whose account is paid in full for the previous academic year and/or camp session will be permitted to enroll their child for September.
- There is a sibling discount of 5% for the second and subsequent children attending in the same year.

**Ferry fare:** Tickets or monthly ferry passes are purchased in advance by parents from the Ferry Ticket Office. Tickets (includes return fare) are required daily. Discounts are available for a monthly pass and tickets purchased in groups of 10 or more.

**Withdrawal policy:** A minimum of 2 months written notice is required from the first of the month in which withdrawal is effective i.e. notice is due on November 1 for January 1 withdrawal. Your Family Registration fee and Deposit fee are non-refundable.

**WMCC vacation policy:** Parents are required to pay fees for the academic year. This includes days when the Centre is closed for holidays or when the child is away on vacation or due to illness. WMCC is a non-profit, charitable organization and all fees paid by the parents are needed to cover the cost of providing our quality childcare program.

Office use:

Date Rec'd: \_\_\_\_\_

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

Conf. Sent: \_\_\_\_\_ Registration Complete: \_\_\_\_\_



## Waterfront Montessori Children's Centre

a parent run co-operative, non-profit childcare centre since 1974  
18 Wyandot Avenue, Toronto Island M5J 2M9 (416) 203-1017

### Student Registration 2009-2010

Child's Name: \_\_\_\_\_ boy / girl?    Age as of Sept. 2009 \_\_\_\_

Date of application: \_\_\_\_\_ Enrollment date: \_\_\_\_\_

Date of birth: d \_\_\_\_ m \_\_\_\_ y \_\_\_\_

Attendance option requested: \_\_ Full time OR \_\_ 4 days (M/T/W/Th) OR \_\_ 3 days (T/W/Th)

Child's home address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail address (es) for school communications: \_\_\_\_\_

#### First Parent/guardian's name:

\_\_\_\_\_

Home phone: \_\_\_\_\_ Work/school phone: \_\_\_\_\_ Cellular/pager: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business address: \_\_\_\_\_

Occupation: \_\_\_\_\_

#### Second Parent/guardian's name:

\_\_\_\_\_

Home phone: \_\_\_\_\_ Work/school phone: \_\_\_\_\_ Cellular/pager: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business address: \_\_\_\_\_

Occupation: \_\_\_\_\_

# Waterfront Montessori Children's Centre

***Emergency Contact- This must be completed annually. Provide us with someone we can contact if we are unable to reach either parent/guardian.***

First emergency contact name: \_\_\_\_\_ Day phone: \_\_\_\_\_

Address: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Second emergency contact name: \_\_\_\_\_ Day phone: \_\_\_\_\_

Address: \_\_\_\_\_ Evening phone: \_\_\_\_\_

## **Other Information**

Previous childcare experience \_\_\_\_\_

Does your child nap? \_\_\_\_ If yes, for how long? \_\_\_\_\_

Provide any further instructions for diet, rest or exercise \_\_\_\_\_

Is there any legal custody and/or legal guardian information of which the Director and the teachers should be made aware?

Please note and attach a copy of the legal document. \_\_\_\_\_

## **Fee Payment Regulations**

Your deposit and registration fee are non-refundable.

Each parent/guardian signing below will be liable for the full amount of tuition fees set out in the fee schedule, together with interest on any overdue portion at the rate of 2% per month.

I HAVE READ AND UNDERSTOOD THE TERMS OF THE REGULATIONS FOR FEE PAYMENT FROM THE WATERFRONT MONTESSORI CHILDREN'S CENTRE AND AGREE TO ABIDE BY THEM.

\_\_\_\_\_  
Date Signature of parent/guardian

\_\_\_\_\_  
Date Signature of parent/guardian

# Waterfront Montessori Children's Centre

## Medical Information and Consent Form 2009-2010

NOTE: The Day Nurseries Act, Ontario requires the following information recorded on your child's registration form and kept on file at the Centre.

Name of Child: \_\_\_\_\_

Child's Health Card # \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Mo \_\_\_\_\_ Year \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any medical or personal conditions of which the staff should be made aware? i.e. allergic reactions, asthma etc.: ***Please submit signed written instructions for any medical treatment and/or medication to be administered during the hours that the child receives care.***

\_\_\_\_\_

\_\_\_\_\_

Does your child have any food sensitivities (as opposed to allergies) that you would like to bring to our attention? ***Please submit signed written instructions concerning any special requirements regarding diet, rest or exercise.***

\_\_\_\_\_

\_\_\_\_\_

**Please attach a photocopy of your Child's Immunization Record.** This must be done annually as current information must be kept on file for each child. If your child is not immunized for any reason, you must submit a letter exempting the child based on the parent's or physician's written objection to this effect.

### **Your Child's Communicable Disease Record.**

Please circle all communicable diseases that your child has suffered according to the following list and the date of the illness.

Reportable - Chickenpox, Diarrheal Episodes, Measles, Mumps, Pertussis, (Whooping Cough), Rubella (German Measles)

Non-reportable - Pink Eye, Common cold, Hand, Foot and Mouth , Head Lice, Impetigo, Fifth Disease, Pinworms, Ringworm, Scabies, Scarlet Fever, Strep Throat

None of the Above \_\_\_\_\_



# Waterfront Montessori Children's Centre

## Photo Release Form

I \_\_\_\_\_, release ownership to Waterfront Montessori Children's Centre

(herein WMCC) and all those hired by them, all or any portion of photographs taken of my child (ren), \_\_\_\_\_

while in the care of WMCC for use by WMCC, and all those hired by them, in all media related to the promotion of WMCC for the duration of this or any future relevant campaign initiated within the next five years, without monetary compensation.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Drop Off and Pick Up Consent Form:

The following people have my permission to drop off and/or pick my child from school.

Parent Signature:  
\_\_\_\_\_

PLEASE PRINT NAME

Telephone number

Relationship to your child

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

# Waterfront Montessori Children's Centre

## Parent/Guardian Contract:

### Waterfront Montessori Children's Centre Mission Statement

To work together with the parents to provide an environment for children which encourages optimum emotional, social, physical and cognitive development striving to keep these factors in balance.

To stimulate and encourage family growth through parent education.

To incorporate, as our foundation, Montessori's respect for and confidence in the child's own nature, specifically his/her inner drive to learn.

To recognize and preserve the unique direction and the initiative each child takes in his/her own education.

Ultimately, to surround, guide and direct each child so that he/she may become emotionally responsible for himself/herself, socially responsible for others and achieve his/her own academic potential. Thus we prepare the child to meet life on his/her own terms.

The parents/guardians named below agree to:

- ⇒ Read all communications; i.e. Parent Handbook, Newsletters, notes from teachers and the school
- ⇒ Participate fully in the cooperative by attending all meetings, work parties and fundraising efforts. If we/I am unable to do so for any reason I will make arrangements, in advance, with a Board member to contribute meaningfully in some other way to the cooperative.
- ⇒ Familiarize himself/herself with the workings of the Centre and its rules and regulations.
- ⇒ Notify the Centre immediately of changes in address, phone or health information pertaining to my child
- ⇒ Pay all fees (tuition, registration and other fees).
- ⇒ Assume responsibility, with all other members of the Centre, in the disposition of the deficit or surplus of the year's operating budget.
- ⇒ Authorize the Centre to take whatever steps necessary for the good of my child in an emergency if I or my emergency contact people are not available.

Withdrawal policy: A minimum of 2 months written notice is required from the first of the month in which withdrawal is effective. i.e. notice is due on November 1 for January 1 withdrawal. Your registration fee and deposit are non-refundable.

I HAVE READ AND UNDERSTOOD THE TERMS OF THIS CONTRACT WITH THE WATERFRONT MONTESSORI CHILDREN'S CENTRE AND AGREE TO ABIDE BY THEM.

---

Date	Name (please print)	Signature of parent/guardian
------	---------------------	------------------------------

---

Date	Name (please print)	Signature of parent/guardian
------	---------------------	------------------------------

Witnessed by:

---

Date	Name (please print)	Signature of witness
------	---------------------	----------------------

Please Deliver or Mail COMPLETED registration to: WMCC, 18 Wyandot Avenue, Algonquin Island, Toronto M5J 2M9  
THANK YOU