

Montessori Pathway Inc.

Date _____

REGISTRATION for BC

Child's Name: _____ M _____ F

Address: _____

Postal Code: _____ Home Ph: _____ Cell: _____

Date of Birth (Y/M/D): _____ email address _____

Children who are 2 ½ - 6 years old are eligible. Please indicate time below:

Mornings 9:00 – 12:00

Afternoons 12:30 – 3:00

___ Five Mornings 3 hrs. \$400.00/mo .

___ Mon, Wed, Fri Mornings 3 hrs. \$265.00/mo ___ Three Afternoons 2.5 hrs. \$250.00/mo

___ Tues, Thur Mornings 3 hrs. \$245.00/mo

This form must be accompanied by a non-refundable **\$60.00** registration fee (**\$50 for re-registration**), dated immediately, and two post-dated cheques to cover tuition for the first and last month. Please post-date these cheques for deposit July 1 and August 1, 2017 respectively. Our thirty (30) day cancellation policy applies to these fees.

Before the start of school in September, we require eight additional post-dated cheques (dated for October 1, 2017 through May 1, 2018). There will be a \$45 fee charged for NSF cheques returned by the bank.

Please note: forms without fees attached will not be processed.

Registration Fee Enclosed	\$ 60.00 (or \$50.00 if enrolled previously)
First month Tuition Enclosed	\$ _____ (dated July 1, 2017)
Last month Tuition Enclosed	\$ _____ (dated Aug 1, 2017)

Mother/Guardian Name: _____ Cell Phone: _____

Address: _____ Best Daytime Phone: _____

Father/Guardian Name: _____ Cell Phone: _____

Address: _____ Best Daytime Phone: _____

Custody agreement? Yes___ No___ If yes, please supply a copy of the custody order.

Authorizations

I am aware that the school will be visited on occasion by various community resource persons.	Initial
I am aware that in case of emergency, a substitute caregiver may be used.	Yes ___
I agree that the Teacher can apply sunscreen I provide to my child.	Yes ___
I agree that my child may go for walks and to the park in the neighborhood with the Teacher.	Yes ___

* Classes are subject to change. Classes are subject to cancellation due to insufficient enrollment. There are no refunds or rate reductions for scheduled or emergency closures, family holidays, or temporary absences.

** **Refund Policy:** Cancellation must be given with one month's written notice by the beginning of the month prior to withdrawal. Notice given in August that the child will not be attending in September will forfeit the deposit of the first month. Notice in September that the child will not be attending forfeits both the first and last month deposits. Should the school initiate the withdrawal of a child, the family is relieved of any further financial obligation (present month excluded). Please initial your understanding ___

Signature of Parent, Guardian or Financial Supporter:

_____ Date: _____

Please print name of person signing: _____

Deposit Amt \$ _____ Date Paid _____ Method Paid _____