

**Montessori Pathway Inc.**

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

**REGISTRATION for BC Over 3 years**

Child's Name: \_\_\_\_\_ M F

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Children who are 3 - 6 years old are eligible.

		<b>5 Day fee</b>	(after rebate)
<b>Full Day</b>	9:00 am to 3 pm	\$901.00	<b>\$356.00/mth</b>

This form must be accompanied by a non-refundable registration fee and a deposit to cover the last month, dated immediately. Payment for the first month can be made by either post-dated cheques or e transfer. Our fee structure incorporates national holidays and winter and spring breaks (see calendar). Our thirty (30) day written cancellation policy applies to these fees.

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

**Registration Fee Enclosed** \$ **100.00** (or \$75.00 if enrolled previously)

**Last Month Tuition Deposit enclosed** \$ \_\_\_\_\_

**First Month to start** \_\_\_\_\_

Before the First Month, we can collect post-dated cheques or you may pay through e-transfer on the 1st of each month.

***Please note:** There will be a \$45 fee charged for NSF cheques returned by the bank. There must be one full month's written notice of withdrawal, prior to the last day of the current month, or fees will be forfeited.*

Mother/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Bus/Cell Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Bus/Cell Phone: \_\_\_\_\_

Custody agreement? Yes\_\_\_ No\_\_\_ If yes, please supply a copy of the custody order.

There are no refunds or rate reductions for scheduled or emergency closures, family holidays, or temporary absences. Please initial your understanding \_\_\_\_\_

**Authorizations**

I am aware that the school will be visited on occasion by various community resource persons. **Initial** Yes \_\_\_

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 \_\_\_

**Signature of Parent, Guardian or Financial Supporter:**

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

**Please print name** of person signing: \_\_\_\_\_

\*Effective Feb 10, 2024 and supersedes all previous forms.

Deposit Amt \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Method Paid \_\_\_\_\_