



JUNIOR CASA MONTESSORI APPLICATION FORM 2017-2018

PLEASE PRINT

PART A – STUDENT INFORMATION

STUDENT: _____
Surname Given Name Middle Name

ADDRESS: _____
Street Number and Name Apt. #

City Province Postal Code E-Mail

TELEPHONE NO. _____ ONTARIO HEALTH CARD NO. _____

DATE OF BIRTH: _____ PRESENT AGE: _____

PART B – FAMILY INFORMATION

PARENT 1/GUARDIAN: _____
Surname Given Name Middle Name

ADDRESS: _____
Street Number and Name Apt. #

City Province Postal Code E-Mail

TELEPHONE NO. (HOME) _____ (BUS) _____ (CELL) _____

PARENT 2/GUARDIAN: _____
Surname Given Name Middle Name

ADDRESS: _____
Street Number and Name Apt. #

City Province Postal Code E-Mail

TELEPHONE NO. (HOME) _____ (BUS) _____ (CELL) _____

CUSTODY ARRANGEMENTS (if separated) _____

PART C – EMERGENCY CONTACT INFORMATION

I AUTHORIZE THE FOLLOWING INDIVIDUAL TO BE CONTACTED IN MY ABSENCE IN CASE OF AN EMERGENCY:

EMERGENCY CONTACT: _____
Surname Given Name Middle Name

ADDRESS: _____
Street Number and Name Apt. # City Province Postal Code

RELATIONSHIP TO STUDENT: _____ TEL. (HOME) _____ (CELL) _____

PART D – TUITION AND PAYMENT SCHEDULE FOR 2017-2018 (INCLUDES LUNCH & SNACKS)

<u>FULL-DAY</u>		<u>HALF-DAY</u>	<u>Check Selection</u>
\$ <u>2,000</u>	To be paid upon acceptance	\$ <u>2,000</u>	FULL-DAY <input type="checkbox"/>
\$ <u>5,900</u>	To be paid by September 1, 2017 or upon enrollment	\$ <u>3,600</u>	MORNING (Half-Day) <input type="checkbox"/> (Under 4 Years Only)
\$ <u>5,900</u>	To be paid by February 1, 2018	\$ <u>3,600</u>	
\$ <u>13,800</u>	TOTAL TUITION for academic year	\$ <u>9,200</u>	ITALIAN OPTION <input type="checkbox"/>

OPTIONAL MONTHLY PAYMENT PLAN (includes a \$200 admin. fee): \$2000 DEPOSIT PLUS 10 POST-DATED CHEQUES DATED SEPT. 1/17 TO JUNE 1/18 OF \$1200 EACH (FULL-DAY) OR \$740 EACH (HALF-DAY). CHECK HERE FOR MONTHLY PLAN

AN OFFICIAL TAX RECEIPT IS ISSUED AT THE END OF EACH CALENDAR YEAR FOR TUITION RECEIVED TO DATE. TUITION FOR PRE-SCHOOL PROGRAMMES MAY QUALIFY FOR CHILDCARE EXPENSES.

A \$200 non-refundable application fee payable to Leonardo Da Vinci Academy is required with each application.

(continued on reverse)

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PART E – CONDITIONS OF ACCEPTANCE

1. Children must be dropped off no earlier than 8:30 am and picked-up no later than 3:30 pm (Full-Day) or 12:30 am (Half-Day) unless the child is enrolled in the extended hours programme*.
Morning Programme hours: 8:30 am - 12:30 pm
Full-Day Programme hours: 8:30 am - 3:30 pm
** (A separate application for extended hours is available from the office)*
2. An up to date "Immunization Record" must be provided before or upon enrollment for each child.
3. Children will be released only to the stated parent(s)/guardian(s) or other adult(s) as designated by the parents(s)/guardian(s).
4. The Academy reserves the right to withdraw a student from the programme if this is believed to be in the best interest of the child or the class.
5. A 2% per month interest charge will be applied to overdue fees.
6. Acceptance is conditional on meeting minimum enrollment requirements.
7. Tuition fee payments are not refundable. Parents/Guardians who choose to withdraw children before year end will be held responsible for the entire tuition.
8. Parents agree to allow the use of photographs, tapes, digital images or film in which they or their children are featured to be used for promotional or archival purposes by the school.

I/We have read the conditions of this application and agree to abide by the stated terms and conditions. I/We acknowledge that any incorrect information provided may invalidate any agreement. If acceptance is granted I/we agree to be responsible for the full tuition.

DATED: _____

PARENT 1/GUARDIAN SIGNATURE

PARENT 2/GUARDIAN SIGNATURE

LDVA CAPITAL AND BUILDING FUND

LEONARDO DA VINCI ACADEMY IS A NON-PROFIT ONTARIO CORPORATION AND A REGISTERED CHARITY

Each new family is asked to make a minimum one time contribution to the LDVA BUILDING FUND. A donation of \$500 per family is suggested. An official charitable tax receipt will be issued to the donor for the full amount of any donation made to the Academy.

FOR OFFICE USE ONLY

DATE OF ASSESSMENT: _____ DATE OF ADMISSIONS DECISION LETTER: _____

DATE STUDENT ENROLLED: _____

DATE STUDENT GRADUATED: _____ DATE STUDENT WITHDRAWN: _____

OFFICIAL, ADMISSIONS COMMITTEE

TO BE RETAINED ON FILE AT LEONARDO DA VINCI ACADEMY

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED UNDER THE *DAY NURSERIES ACT*. QUESTIONS ABOUT THIS COLLECTION TO BE DIRECTED TO THE ACADEMIC HEAD AT LEONARDO DA VINCI ACADEMY.