



Leonardo Da Vinci Academy of Arts & Sciences

901 Lawrence Ave West • Toronto, Ontario • M6A 1C3 • (416) 247-6137 • admissions@ldva.on.ca • www.ldva.on.ca

CASA MONTESSORI APPLICATION FOR 2025-2026

PLEASE PRINT

STUDENT INFORMATION

Name: _____
Surname Given Name Middle Name

Address: _____
Street and Number Apt. #

City _____ Province _____ Postal Code _____

Telephone: _____ Date of Birth: _____ / _____ / _____ Male Female
Day Month Year

Present Age: _____ Year to be enrolled (if different from above)* _____

PARENT INFORMATION

FATHER/GUARDIAN: _____
Surname Given Name Middle Name

Address: _____
(if different from student) Street and Number Apt. #

City _____ Province _____ Postal Code _____ E-Mail: _____

Telephone (Home) _____ (Bus.) _____ (Cell) _____

MOTHER/GUARDIAN: _____
Surname Given Name Middle Name

Address: _____
(if different from student) Street and Number Apt. #

City _____ Province _____ Postal Code _____ E-Mail: _____

Telephone (Home) _____ (Bus.) _____ (Cell) _____

EMERGENCY CONTACT: _____
Name Relationship to Student Telephone Number

TUITION PAYMENT SCHEDULE FOR 2025-2026 (Full-day program including lunch & snacks)

FULL-DAY

\$ 2,000 To be paid upon acceptance

\$ 8,300 To be paid by September 1, 2025 or upon enrollment

\$ 8,300 To be paid by February 1, 2026

\$ 18,600 TOTAL TUITION for academic year

OPTIONAL MONTHLY PAYMENT PLAN (includes a \$200 admin. fee): **\$2000** DEPOSIT PLUS **10 POST-DATED CHEQUES** DATED SEPTEMBER 1, 2025 TO JUNE 1, 2026 OF **\$1680** EACH (FULL-DAY)

AN OFFICIAL TAX RECEIPT IS ISSUED AT THE END OF EACH CALENDAR YEAR FOR TUITION RECEIVED IN THAT YEAR. TUITION FOR PRESCHOOL PROGRAMS MAY QUALIFY FOR CHILDCARE EXPENSES.

A \$300 non-refundable application fee is required with each application.

**If this application is for an enrollment beyond the 2025-2026 academic year, please note that your tuition will be adjusted accordingly.*

CONDITIONS OF ACCEPTANCE

1. Children must be dropped off no earlier than 8:30 am and picked-up no later than 3:30 pm unless the child is enrolled in the extended hours program. *(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 must be fully toilet trained.
4. Children will be released only to the stated parent(s)/guardian(s) or other adult(s) as designated by the parents(s)/guardian(s).
5. The Academy reserves the right to withdraw a student from the program if this is believed to be in the best interest of the child or the class.
6. A 3% per month interest charge will be applied to overdue fees.
7. Tuition fee payments are **not refundable**. Parents/Guardians who choose to withdraw their student before year end will be held responsible for the entire tuition. Tuition payable is guaranteed by the parents/guardians signing the application.
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.

MEDICI EDUCATIONAL FOUNDATION

A CANADIAN FOUNDATION AND REGISTERED CHARITY THAT SUPPPORTS THE FUTURE OF LDVA

Each new family is asked to make a donation to MEDICI EDUCATIONAL FOUNDATION to help support capital projects for LDVA, keep tuition affordable throughout the years, and provide assistance for qualifying families. A minimum one-time donation of \$2,000 per family is requested. An official charitable tax receipt will be issued to the donor for the full amount of each donation made.

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.

Signature: _____
Mother/Guardian

Signature: _____
Father/Guardian

Date: _____

FOR OFFICE USE ONLY

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

DATE STUDENT ENROLLED: _____

DATE STUDENT GRADUATED: _____ DATE STUDENT WITHDRAWN: _____

OFFICIAL, ADMISSIONS COMMITTEE