



# 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

## SCUOLA MATERNA 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)

- \$ 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 2025-2026

**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 \$1,680 EACH.**

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.)*  
Regular School Day Hours: **8:30 am - 3:30 pm**
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 2% 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 SUPPORTS 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