



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 2026-2027

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**
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 2026-2027 (Full-day program including lunch & snacks)

FULL-DAY

\$ 2,000 To be paid upon acceptance

\$ 8,800 To be paid by September 1, 2026 or upon enrollment

\$ 8,800 To be paid by February 1, 2027

\$ 19,600 **TOTAL TUITION** for academic year

OPTIONAL MONTHLY PAYMENT PLAN (includes a \$200 admin. fee): **\$2000 DEPOSIT PLUS 10 POST-DATED CHEQUES DATED SEPTEMBER 1, 2026 TO JUNE 1, 2027 OF \$1780 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 2026-2027 academic year, please note that your tuition will be amended 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**. Tuition payable is guaranteed by the parents/guardians upon submission of the application form and the applicable deposit.
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