



**CORONATION MONTESSORI PRESCHOOL
IN GLENMORE**

**422 Ballou Place, Kelowna B.C. V1V 1V4
778-484-3121. coronationmontessoripreschool@gmail.com
coronationmontessoripreschool.ca**

CLASSES & FEE SCHEDULE

2023/2024

CHILD'S FIRST & LAST NAME: _____
CHILD'S D.O.B. M/D/YR. _____ **AGE:** _____ **M F**

In addition to the tuition, a separate yearly non-refundable registration fee of \$50.00 is required upon enrolment. This registration fee holds your child's space until you bring in your paperwork and post dated cheques - usually one week unless its getting close to start up for the year and then time line will be shortened for everything to be provided. Once your registration fee, paperwork and post dated cheques are provided, your child's space in the class is guaranteed.

MORNING CLASSES- 3 DAYS - TUES. WED. THUR. 3 HRS./ 9:00 AM TO 12:00 PM
YEARLY TUITION for the Morning Class of 3 days per week = \$3000.00

Your child's tuition is Tax Deductible. A tax receipt will be issued in February

Fees can be paid in full at the time of registration or in instalments of 10 post dated cheques in the amount of \$300.00 each, dated on the first day of each month (September through June)

All post dated cheques must be received with your child's registration package in order to secure your child's class.

I will pay the tuition with ten (10) post-dated cheques as outlined above _____OR

I will pay the year tuition in ONE (1) payment _____

Please make your cheque/s out to Coronation Montessori PreSchool.

FEE ADJUSTMENTS AND WITHDRAWALS

PreSchool tuition is based on the year rather than the month, therefore the fees will not be adjusted because of absences due to illness, family holidays, Winter Break/Spring Break or September gradual entry.

If for some reason your child needs to be withdrawn from the preschool, one full calendar month is required. However, if notice is given January 1st or later, payment is required for the remainder of the year. Preschool families should always feel comfortable discussing confidential financial options should the need arise.

I have read the above information and agree with this financial commitment.

Parents signature: _____ Date: _____

FOR OFFICE USE ONLY

____\$50.00 REGISTRATION FEE____POST DATED CHEQUES. ____FULL TUITION



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REGISTRATION FORM

2023/2024

Name _____ M ___ F ___ Age _____

Birth Date (M/D/Y) _____ Height _____ inches

Weight _____ lbs. Eye Color _____ Hair color _____

Physical Address _____ Postal Code _____

Email address _____

Does your child have any siblings? _____ How many _____

Names and ages _____

Does your child have any pets? _____ Pet/s ? _____

Children may start as young as 30 months but must be turning 3 before Dec. 31st of the year they start and they need to be potty trained before they start.

Has your child attended a daycare or preschool or any activities, lessons or classes in the past?

Does your child have any unique challenges of which staff should be aware of? Please explain.

All authorized pick up people must be on your emergency pick up form:

Is there a custody agreement? Yes _____ No _____ If yes, please explain: (Photocopy required)

Please indicate who **can not** pick up your child re: the custody order :

Child's Physician _____ Phone _____

Medical # _____

Medication or allergies (name, dosage, side effects) _____

Are your child's immunizations up to date: _____

Please provide a photocopy of your child's Immunizations: _____

Please provide a photocopy of your child's Birth certificate: _____

Parent Name _____ **Relationship** _____

cell _____ Employer _____ Work # _____

Parent Name _____ **Relationship** _____

Cell _____

Employer _____ Work # _____



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EMERGENCY PERMISSION FORM: CHILD'S MEDICAL # _____
 Custody Order yes or no

Current Date: _____

Child's Name: _____ D.O.B. M/D/YR _____

Gender: _____ Physical Address: _____

_____ Parents or Guardians first and last name:

Mom's cell _____ Mom's email: _____

Dad' cell _____ Dad's email: _____

What Celebrations or Occasions are traditionally celebrated in your family ?

My child's local Physician _____ phone # _____

Are your child's immunizations up to date? _____

Allergies , Symptoms & Medication name, dosage, side effects information:

Immunizations: photocopy provided _____ Birth certificate: photocopy provided _____

If my child has had contact with anyone waiting for covid results or anyone testing positive for covid they must remain home until all tests are negative. I understand that if my child becomes ill while at pre-school, my child must be picked up immediately. I understand that If my child has any signs of illness, they must stay home until 24 hours have passed since their last symptom has disappeared.

PERMISSION TO CALL AN AMBULANCE I give permission for the management or staff of Coronation Montessori Preschool to call an ambulance in the event of an emergency. I understand that if an ambulance needs to be called while my child is attending Coronation Montessori Preschool, that I will pay the required costs for the ambulance.

PARENTS SIG: _____

I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED while attending Coronation Montessori Preschool . The photographs will be used for our web site, classroom and to provide parents with endearing moments. PARENTS SIG: _____

I authorize these other emergency people to be contacted and to immediately pick up my child from Coronation Montessori PreSchool if parents can not be reached.

Emergency contact and pick up people: (At least 2 please)

- 1) Name _____ relationship _____ cell _____
- 2) Name _____ relationship _____ cell _____
- 3) Name _____ relationship _____ cell _____

Your child will not be allowed to leave preschool with anyone who is not listed on this form. Anyone picking up a child from Coronation Montessori PreSchool must bring with them each and every time, government issued photo I.D. This is for the safety and protection of your child.