



**CORONATION MONTESSORI PRESCHOOL  
IN GLENMORE**

**422 Ballou Place, Kelowna B.C. V1V 1V4  
778-484-3121. [coronationmontessoripreschool@gmail.com](mailto:coronationmontessoripreschool@gmail.com)  
[coronationmontessoripreschool.ca](http://coronationmontessoripreschool.ca)**

**CLASSES & FEE SCHEDULE**

**2024/2025**

**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. A non-refundable deposit of \$300.00 is also required with your \$50.00 registration fee. This registration fee and deposit holds your child's space until you complete your registration. The deposit of \$300.00 will be applied to your child's tuition at \$50.00 per month from January - June. Once your registration fee, paperwork and post dated cheques are provided, your child's space in the class is guaranteed. **Your September post dated cheque must be dated for June 1/2024.** The remainder of your post dated cheques from October - December need to be dated for the first of the month in the amount of \$350.00. and January - June cheques need to be dated for the first of each month in the amount of \$300.00

**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 = \$3500.00**

***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. All post dated cheques must be received with your child's registration package in order to secure your child's class.unless you have been approved by the childcare benefit program, or if you are opting to pay in full for the year. in which case you will need to provide reg fee, deposit and June 1st - post dated cheque for your September fee. or you may E transfer these amounts at the time of registration.

**PLEASE MAKE CHEQUES PAYABLE 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**If for some reason your child needs to be withdrawn from the preschool, you must give written notice before June 1st/2024. Notice will not be accepted past this date.**

Your \$50.00 registration fee and your \$300.00 deposit is nonrefundable. September fee is non-refundable after June 1st.

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 REG FEE \$300.00 DEPOSIT \_\_\_\_POST DATED CHEQUES. \_\_\_\_FULL TUITION

## CORONATION MONTESSORI PRESCHOOL – Registration 24/25

**Children must be turning 3 before SEPTEMBER 1ST of the year they start (possible exceptions may apply) Your child must be fully potty trained and easily able to separate before they start. Children will not be accepted if they are also attending a daycare or another Preschool or Playschool. (Confusion and Virus spreading are the main concerns)**

**In order to attend classes children need to be SYMPTOM FREE**

**No Coughing, Sneezing, Runny nose, Fever, Diarrhea, Vomiting, Skin rash, Sore throat etc.**

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? \_\_\_\_\_

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) \_\_\_\_\_

**Your child's immunizations should be up to date: Check mark if yes \_\_\_\_\_**

If NO then please indicate reason: medical

explanation : \_\_\_\_\_

personal choice \_\_\_\_\_ sig: \_\_\_\_\_

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) 1st & last name**

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.