



CORONATION MONTESSORI PRESCHOOL

422 BALLOU PLACE, KELOWNA, B.C. V1V1V4

778-484-3121. coronationmontessoripreschool@gmail.com

CLASSES & FEE SCHEDULE

2022/2023

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 confirms that you have decided to enrol your child at Coronation Montessori PreSchool and placement in a class has been confirmed.

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 = \$2960.00

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

Fees are paid by monthly instalments of 10 post dated cheques in the amount of \$296.00 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 _____

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

OR I am applying for the childcare benefit and will supply one post dated cheque and the childcare benefit form with my registration pkg. within one week. _____

Parents will be responsible for fees not covered by the childcare benefit.

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, Christmas/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 If for some reason your child needs to be withdrawn from the preschool, one full calendar month is required. **If your child is not fully potty trained by the end of July, I ask that the family let me know by July 30th and you can either withdraw your child from preschool and will not be charged for September or you can pay for your preschool spot and they will be able to start when they are fully potty trained. Once your child starts preschool, if withdrawal 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: _____

PLEASE COMPLETE & RETURN YOUR REGISTRATION INFORMATION WITH YOUR POST DATED CHEQUES BY; _____ IN ORDER TO SECURE YOUR CHILD'S PRESCHOOL SPOT. FOR OFFICE USE ONLY

_____ \$50.00 REGISTRATION FEE _____ POST DATED CHEQUES. _____ CHILDCARE BENEFIT



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REGISTRATION FORM

2022/2023

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 :

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: _____

Child's Physician _____ Phone _____

Medical # _____

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

Immunizations: **photocopy provided** _____

Birth certificate: **photocopy provided** _____

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: _____

Parent Name _____ **Relationship** _____

cell _____ home _____

Employer _____ Work # _____

Parent Name _____ **Relationship** _____

Cell _____ Home _____

Employer _____ Work # _____



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EMERGENCY FILE INFORMATION

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

Current Date: _____

Child's Name: _____ Birth Date _____

Gender: _____ Physical Address: _____

Parents or Guardians first and last name: _____

Mom's cell _____

Dad' cell _____ Home phone _____

Home email: _____

My child's local Physician _____ phone # _____

Are your child's immunizations up to date? _____

Allergies , Symptoms & Medication information:

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.

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.

Also, if my child has been out of the country, before returning to preschool.

(Please check for updates re: B.C. Public Health Guide)

Parent signature: _____

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

Parent signature: _____

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

1) Name _____ relationship _____ cell _____

2) Name _____ relationship _____ cell _____

3) Name _____ relationship _____ cell _____

4) Name _____ relationship _____ cell _____

Your child will not be allowed to leave preschool with anyone who is not listed on this form. Everyone 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.

Name of persons not permitted to pick up your child Re: Custody order : _____