



AVM PICKERING

RE-ADMISSION AGREEMENT

2026/2027 School Year

"Montessori is an education for independence, preparing not just for school, but for life." - Dr. Maria Montessori

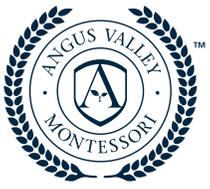
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Child's Full Name: _____ **D.O.B.:** _____

Program Re-enrollment: 5 full days 7:30am – 5:00pm

INFANT 6 mos - 18 mos **PRE-CASA** 18 mos - 3 yrs **CASA** 3 yrs - 6 yrs

1. A child will be considered for acceptance into the school only after the Application for Re-Admission is fully completed, signed and all necessary documents required have been submitted together. Any outstanding documents will result in a delay in admission to the school.
2. **I/We will follow and adhere to the policies set in the illness and Health Policy for the benefit of all children and families who attend the school. I/We understand that my child cannot attend school if they have a communicable disease or show signs of fever, diarrhea or vomiting.** I/We understand that if my child is sick for three or more days, I/we are required to bring in a doctor's note stating that my child is healthy and can return to school.
3. **I/We will come and pick up my child should he/she become ill, vomits, develops fever or has diarrhea.** I/We will do our best to come within a reasonable time frame to pick them up from the classroom. I/We understand that my child may need to be isolated until an authorized person arrives.
4. There are no refunds for **statutory holidays, sick days, communicable disease/illness outbreaks, Teacher Professional Activity Days (PA Days)** or days missed for any other reason throughout the school year.
5. The school is closed for **two weeks** over the winter holiday (December/January) and **one week** in March or April, aligning with the regional public school calendar.
6. If there is a change in the hours that my child attends the school, either **increasing or decreasing hours**, a change in fee structure will be governed by the Fee Schedule in effect at the time of change and not by the fee structure paid at the time of re-admission.
7. A charge of **\$45 will be levied against an NSF cheque or cheques returned** to the school for any reason.
8. Complete uniforms are **Mandatory** from Monday – Thursday. Friday is a casual day.
9. A written notice of a **student's withdrawal must be received by administration one month prior to the intended date of withdrawal.** I/We understand that **there will be no refund of the last month's prepaid fees.** If I/we choose to return back Angus Valley Montessori, I/we agree to register my child as a new student.
10. **This is to confirm:** Emergency Contact, Pick-Up and Release, Parent Information remains the same as the Application to Admission. In the event my child's **information changes** during the school term, I/we are required to submit in writing any changes that have occurred to administration office.
11. I/We understand that **only pre-authorized adults may pick up my child** and underage siblings are not allowed to pick up the child alone without an adult being present.
12. I/We have read and understand the "Safe Arrival and Dismissal Policy".
13. The **fire evacuation orientation** and fire exits are shown to the parents at the time of admission.
14. The school hours are from **7:30am to 5:00pm.** I/We understand that if my child remains on school campus past the program's end, there will be a **late charge** upon arrival of the person picking up my child. (\$10: 5:01pm – 5:15pm; \$30: 5:01pm – 5:30pm).



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15. I/We understand that a child will only be considered for admission for Casa if he/she is at least 3 years of age by December of that current year and is "fully toilet trained". Toilet trained meaning, the child has (A) bladder and bowel control (B) is able to do a complete washroom routine of cleaning themselves, redressing and washing their hands and (C) is able to indicate to the teacher whether they have the need to go to the washroom or they have the need to be changed in case of an accident.
16. Angus Valley Montessori School reserves the right to **accept** or **reject** an Application of Re-admission and/or request the withdrawal of a child, if it is in the opinion of the Supervisor and/or Teacher that the action is beneficial to the child or the children in the classroom as a whole.
17. The administration must receive the signed re-admission **forms** and last month **payment** by March 31, 2026.
18. As per payment schedule attached the parents following the monthly payment plan will have to e-transfer or date post-dated cheque no later than the first day of the month. **Late payment of \$100 will be charged** if the payment is more than 5 calendar days overdue.
19. I/We will ensure that snacks brought from home will be absolutely nut and peanut free as Angus Valley Montessori is a nut-free facility.
20. I/We give permission that in case of an emergency, if I or my spouse or legal guardian is not immediately available, give the staff of Angus Valley Montessori and all persons connected with the school to act on my behalf in case of an emergency to arrange transportation, either by taxi, school vehicle or ambulance to seek medical attention by a nurse or doctor to administer the required emergency treatment.
 Medical treatment may be given to (Print Child's Name): _____
 at any time required due to accident, illness or other emergencies.
 I/we also agree to release and indemnify Angus Valley Montessori, its staff and Board of Directors from any claims as a result of any accidents, illness and injury for any other reason from participation in any school activities.

I/We have read and understand the conditions of the Re-Admission Agreement, Fee Schedule and School Policies as outlined in the above of Angus Valley Montessori. I/We hereby agree to all terms and conditions stated therein.

MOTHER/GUARDIAN (PLEASE PRINT NAME)

FATHER/GUARDIAN (PLEASE PRINT NAME)

MOTHER/GUARDIAN SIGNATURE

FATHER/GUARDIAN SIGNATURE

DATE: MM/DD/YY

DATE: MM/DD/YY

SUPERVISOR SIGNATURE

DATE: MM/DD/YY

OFFICE USE ONLY

Child's Name: _____ D.O.B.: _____ Program: _____

Required Documents: _____ Tuition Received: _____ Date: _____