



# AVM VAUGHAN 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:** \_\_\_\_\_ **Age (in Septemeber):** \_\_\_\_\_ Years \_\_\_\_\_ Months

**Current Program:**  Infant  Pre-Casa  Casa      **Extended Care:**  7am-8am  7:30am-8am  4pm-5pm  4pm-6pm

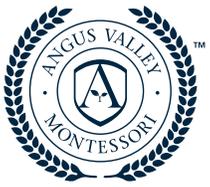
**Program for 2026/2027:**  Infant  Pre-Casa  Casa

**Allergies/Dietary Restrictions:** \_\_\_\_\_

**Publicity:** Social Media  Yes  No    Procure & Newsletter  Yes  No    *Newsletter Only goes to the parents in child's classroom*

**Epi Pen:**  Yes  No

1. A child will be considered accepted into the school only after the Application for Re-Admission is fully completed, signed and August 2027 payment has been submitted. Outstanding payment and documents will result in a delay in re-admission to the school.
2. I/We understand that the school year commitment will start as **of September 2026 until August 2027 (12 months)**. I/We understand that the school year will include the summer camp months of July and August. The Montessori Academic session will be from September to June. (This excludes children turning 6 years of age.)
3. **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.
4. **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.
5. 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.
6. 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. AVM offers camp during these breaks; camp availability is based on registration and subject to staff availability.
7. A charge of **\$75 will be levied against an NSF cheque or cheques returned** to the school for any reason. A charge of **\$25** will be applied to tuition payments made after the 1st of the month.
8. Complete uniforms are **Mandatory** from Monday – Thursday. Friday is a casual day. All extra clothing left at school needs to be solid school uniform colours (Navy Blue, Dark Grey and White. No prints).
9. In the event that a child is withdrawn during the school year **written withdrawal must be received by administration thirty day's prior to the intended date of withdrawal or thirty day's fee in lieu of notice shall be paid after a child leaves the school, regardless of reason for withdrawal. I/We understand that there will be no refund of the registration fee and of the last month's prepaid fees (this will pay the August 2027 tuition ONLY) and not included in the thirty days' notice period.** If I/we choose to return to 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 inform the office via email regarding these changes. ID will be checked at pickup.
11. I understand my child will be participating in supervised neighbourhood walks and fire drills.
12. 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.



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- 13. Absence and Late Arrival Policy - Parents must notify the school of any absence or late arrival by **9:30am**, including the expected arrival time.
- 14. I/We understand that if my child remains on school campus past the program's end, there will be a late charge of **\$2 per minute** due upon arrival of the person picking up my child.
- 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.
  - I confirm my child is fully toilet-trained
- 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. Parents are expected to communicate respectfully and constructively with AVM Staff. Verbal abuse, threats, intimidation, or any behaviour creating a hostile environment for teachers will not be tolerated.
- 18. The administration must receive the signed re-admission forms and Last month (August 2027) tuition fee via EMT by February the 20<sup>th</sup> 2026. **Once paid, the deposit amount is not refundable, no exceptions will be made.**
- 19. Angus Valley Montessori school reserves the right to withdraw from the CWELCC program at any time. Should this occur, families will be provided with 30 days notice as per CWELCC guidelines.
- 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 at any time required due to accident, illness or other emergencies.  
**Medical treatment may be given to (Print Child's Name):** \_\_\_\_\_
- 21. 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.
- 22. I consent to receive electronic communication (Email, Procure) from AVM Vaughan.

**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