

Somewhere to “Grow” Montessori Childcare Center



1320 7th Avenue, New Westminster, B.C.

Phone: 604-517-0241

Email: lcduffy@shaw.ca

www.somewheretogrow.com

Application Form

\$50.00 non-refundable application fee due upon submission of this form

Class Requested (Please circle one)

Morning Classes:

Monday-Friday
9:00-11:30
\$375.00/month

Mon, Wed, Fri
9:00-11:30
\$280.00/month

Tues, Thurs
9:00-11:30
\$220.00/month

Afternoon Classes:

Monday-Friday
12:00-2:30
\$375.00/month

Mon, Wed, Fri
12:00-2:30
\$280.00/month

Tues, Thurs
12:00-2:30
\$220.00/month

4 Hour Program:

9:00-1:15
5 Day \$475.00
3 Day \$375.00

6 Hour Program:

9:00-2:30
5 Day \$675.00
3 Day \$480.00
2 Day \$375.00

Name of Child: _____

Child's Date of Birth: _____ Boy/Girl _____

Address: _____ Postal Code _____

Home Phone: _____ Emergency Phone _____

Email Address _____

Mother's Name _____ Cell/Business Phone _____

Father's Name _____ Cell/Business Phone _____

Family Doctor _____ Phone _____

Age and names of siblings _____

I have read the Agreement Form (below) and fee schedule above and I accept the conditions therein and apply to enroll my child in Somewhere to "Grow" Montessori Childcare Center for the school year _____ to _____.

Signed: _____ Date: _____

Somewhere to "Grow" Montessori Childcare Center
Parent Agreement

I grant permission for my child to use all the materials and equipment and participate in all activities at the school.

I grant permission for my child to be included in pictures or video connected with the school program.

I grant permission for my child to leave the school premise under the supervision of a staff member in case of an emergency.

I grant permission for a staff member to take necessary steps to obtain medical care if warranted. These steps may include but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact you through the emergency contacts provided by yourself
4. If we cannot contact any of the above, we may do any or all the following:
call a pediatrician, call an ambulance, or have the child taken to the nearest emergency ward or hospital.

I understand and agree to pay all expenses incurred under point 4 above.

school will not be responsible for anything that may happen as a result of incorrect or incomplete information given at the time of enrollment.

I agree to pay the monthly tuition fee in form of post-dated cheques dated the first of each month, beginning on the first of the month enrolled until the first of June.

I agree to pick up my child on time and understand that I will have to pay a late charge if I fail to do so. Should the services of Somewhere to "Grow" Montessori School no longer be required, I agree to give one full calendar month notice of this fact and understand that no money will be refunded after the 1st of May.

Signed _____ (Mother or legal guardian) Date: _____

Signed _____ (Father or legal guardian) Date: _____