

AVM UPTOWN RE-ADMISSION AGREEMENT

2025/2026 School Year

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

- 1. A child will be considered for acceptance into the school only after the Application for 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 understand that the reenrollment school year commitment will start as of July 2025 until August 2026 (13 months).
- 3. I/We understand that the School year will include the summer camp months July and August. The Montessori Academic session will be from September to June.
- 4. 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.
- 5. 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.
- 6. 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.
- 7. 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.
- 8. A mandatory annual Admin fee of \$250, is required upon completing the Application of Re-Admission. **This fee is not refundable for any reason after submission**. I/We understand that there are no prorated refunds for mid-month withdrawal.
- 9. A charge of \$100 will be levied against an NSF cheque or cheques returned to the school for any reason.
- 10. Complete uniforms are **Mandatory** from Monday Thursday. Friday is a casual day.
- 11. A written notice of a student's withdrawal must be received by administration 2 calendar months prior to the intended date of withdrawal. I/We understand that there will be no refund of Admission Fee, First two (2) months tuition deposit (applied to July 2025 and August 2025), and last two (2) months tuition deposit (applied to July 2026 and August 2026) in full. The balance of the fees from the date of withdrawal will be returned. If I/we choose to return back Angus Valley Montessori, I/we agree to register my child as a new student.
- 12. **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.
- 13. The **fire evacuation orientation** and fire exits are shown to the parents at the time of admission.
- 14. 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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- 15. I/We understand that if my child remains on school campus past the program's end, there will be a late charge of \$5 per minute due upon arrival of the person picking up my child.
- 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, Admin fee and first two months' tuition deposits, of \$957.00 no later than January 24th, 2025 to guarantee enrollment, after this date space will not be guaranteed. I/We understand that deposits are not refundable for any reason once submitted/accepted.
- 18. The administration must receive last two (2) months tuition fee deposits of \$957.00 no later than February 24th, 2025 to guarantee enrollment, after this date space may not be guaranteed. I/We understand that deposits are not refundable for any reason once submitted/accepted.
- 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. Re-enrollment application must be completed and submitted to the AVM Uptown Office, along with the applicable tuition deposit payments to confirm enrollment.
- 21. Angus Valley Montessori Uptown 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.

22.	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 (FATHER/GUARDIAN (PLEASE PRINT NAME)		
MOTHER/GUARDIAN SIGNATURE	FATHER/GUARDIAN S	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:		