Gibbons Park Montessori School
29 Victoria Street, London ON N6A 3B2 / Telephone (519) 660-8731

Application for Admission 2026/2027

Date of Admission _____ **Date of Discharge** _____

Child: Surname _____ **First Name:** _____

D.O.B (dd/mm/yyyy) _____

Programs: **Please check off desired program options:**

Academic Programs	Extended Hours
TODDLER ___ **CASA** ____ ___ Full Program (9am - 4pm ___ Half Day Mornings* (9am - 12pm Toddler and Casa) *limited spaces	___ Extended Morning **(8:00am-9am)** ___ Lunch Supervision for part-time Casa **(12:00-1:00pm)** ___ Extended Afternoon (**4pm-5:00pm)**

	PARENT #1* to call first	**PARENT #2**
Name		
Address		
City/Postal Code		
Cell Phone#		
Work Phone #		
Email		
Employer		

Food Allergies/Food Preferences/ Health Conditions
1.
2.

Is an on-site inhaler required for your child? *** Yes** _____ **No**_____

Is an allergy anaphylactic, requiring an EpiPen or other medical aid *** Yes**_____ **No** _____

***An individualized Medical Plan will be created**

EMERGENCY CONTACTS (to be called if parents cannot be reached, ** Please note that **someone** is to be reachable at **all times.** Emergency contacts must be able to pick up children in the event of illness, emergency or school closure. If the school cannot reach parents or emergency contacts on more than one occasion, it may result in expulsion from the school.

	Contact 1	Contact 2
Name		
Home Phone #		
Cell Phone#		

PERSONS AUTHORIZED TO PICK UP YOUR CHILD -other than parents. A **written note or email granting permission to pick up your child is required for anyone not on this list.**

Name	Address	Phone #	Relationship

PERMISSION FOR MEDICAL TREATMENT

Child's Name _____ Health Card #: _____

Physician _____ Phone #: _____

Address: _____

In case of illness or accident, I permit the staff of Gibbons Park Montessori School to obtain the necessary medical treatment (pediatric First Aid/CPR, call a Family Physician or Dentist, arrange a transport to the hospital or urgent care facility by ambulance) for my child. I also agree to take financial responsibility for all charges associated with emergency care of my child.

Parent Signature: _____ Print: _____ Date: _____

Authorizations for (child's full name) _____

Parent Directory

Please add my name and email address to the Parent Directory Yes _____ No _____

Excursions off GPMS premises: (please initial one)

____ I give permission for my child to go for walks within the community and off GPMS premises to participate in field trips.
*Parents will be notified before each field trip of the destination and details surrounding the trip

____ I do NOT give permission for my child to participate in field trips

Photographs

I give permission that photographs and/or samples of work of the person named above may be used on the school bulletin boards and in the monthly newsletters. Yes _____ No_____

I give permission that photographs and/or samples of work of the person named above may be used on the *school web site/social media (Facebook). Yes_____ No_____

*the student's name will not be identified

Non-Prescription Skin products

The following non-prescription items (**that are not used for acute, symptomatic treatment)** may be provided by me and applied to my child in accordance with the manufacturer's instructions on the original container.
Sunscreen, lotion, diaper cream/ointment, lip balm and insect repellent

Products will only be applied if provided by the parent/guardian.

Immunizations

__ A copy of immunization has been provided (It is the responsibility of the parent/guardian to update the school annually or when changes have been made.)

__ An exemption letter has been provided (statement of medical exemption or statement of conscious or religious beliefs)

By signing below, you confirm your consent to the above statements

Parent/Guardian's Name: _____ Signature: _____ _____

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STUDENT FEES 2026-2027

Base Fees:

- **REGISTRATION FEE** (for **NEW** applicants only) **160**
- **ACTIVITY FEES:**
  For NEW and RETURNING TODDLER students **200**
  For NEW and RETURNING CASA students **300**

FULL SCHOOL YEAR TUITION (in 10 equal **MONTHLY** installments)

TODDLER *Tuition includes lunch fee

Full Program (Including Lunch Supervision) 9 a.m.—4:00 p.m. **2075 per month**

Half Day 9 a.m. – 12:00 p.m. (limited spaces) **1670 per month**

CASA * Tuition includes lunch fee

Full Program (Including Lunch Supervision) 9 a.m.—4:00 p.m. **2000 per month**

Half Day 9 a.m.—12:00 p.m. (limited spaces) **1565 per month**

For families with 2 children child registered for the same academic year, a **10% discount** is offered on the lowest monthly tuition fee (before additional fees i.e., lunch and extended hours).

MONTHLY FEES FOR EXTENDED HOURS (paid in advance)

- Extended Morning 8:00 a.m.- 9 a.m. **110**
- Lunch Supervision (for half day Casa students) 12:00 p.m. - 1 p.m. **110**
- Extended Afternoon 4:00pm - 5:00 p.m. **110**

Late Pick up fee: **$30** fee will be charged for late pick-up from Extended Hours. Repeated late pick up of three times may result in suspension from the Extended Hours program

Non-Base Fees:

FEES FOR OCCASIONAL HOURS

Each single hour or part thereof (not prepaid as above) **$15**
Childcare fees for extended hours are not discounted. Occasional hours must be paid the month they are used, and the school must be informed in advance.
***Cheques not honoured when tendered for payment will incur a $20 charged to your account to cover charges assessed against NSF by the financial institution.**

Please Note: Our fees are subject to increase from year to year and will be posted no later than January 31st

Payment can be made in the form of a cheque or e-transferred to: info@gibbonsparkmontessori.com

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ENROLLMENT AGREEMENT (Please read carefully)

This Agreement is between Gibbons Park Montessori School INC. hereinafter known as the School and the parent or guardian hereinafter known as the Parent.

Admission Requirements

Each child will be judged on his/her own merits and suitability for entrance into the program. An informal interview with the parent, child and teacher will be a part of the application procedure.

Admissions are accepted only for the entire year (except in truly unique circumstances to be discussed on an individual basis).

Toddler Students may be separated into two classes by age at the teachers' discretion.
All Casa children must be 3 years old by December 31, 2026 and reliably toilet trained. Maturity and "readiness" for the program will be determined by the teachers regardless of age.

Statement of Non-Discrimination

Gibbons Park Montessori School is committed to the principle of equal opportunity in education and employment. The School does not discriminate on the basis of race, color, sex, national and ethnic origin, religious belief, disability, age, veteran status, ancestry and family structure in the administration of its admission policies, educational policies, employment policies and other school administered programs and activities.

Application Procedures

A parent can apply for admission into a program by:

1) Satisfying the admission requirements
2) Completing and returning the **Enrolment Package** to the school. (Please make sure that the copy of updated **immunization record** is included).
3) A cheque or e-transfer covering the **Registration** and **Activity** fee are due at the time of application.
4) A **Non-refundable Deposit** of **one-month tuition** is required at the time of application. This will be cashed upon acceptance (but applied to June 2027). **This payment will NOT be used for any month other than June in the case of early withdrawal.**
5) Post-dated cheques from **September 1st to May 1st** must be received to finalize registration (unless preference is to e-transfer)

Acceptance for Enrolment: At the time of acceptance the parent will have **one week** to provide all enrolment forms and payments mentioned above to confirm acceptance. At this time, this enrolment agreement shall constitute a legally binding contract between the parent and the school, and Registration fee and Deposit become **non-refundable**.

Probation period: Each child's enrolment is probationary for a period of one month from the first day of attendance. If at any time during this month the teacher feels that the child is not ready for the Montessori classroom the school reserves the right to discontinue enrolment at their discretion.

Registration: Upon receipt of a finalized application package, Registration and Activity fee, Deposit, and post-dated cheques the registration will be deemed complete.

Tuition fees and Possible refunds:

The parent is required to pay the tuition in 10 equal instalments (1 deposit that applies to June 2027 and 9 monthly payments on the first day of each month: September to May).

Non-school-time such as weekends, Statutory holidays, Professional Development days, Christmas, Easter, Thanksgiving, and Spring Break are all a part of the academic year.

PLEASE NOTE:

We do not reimburse or excuse tuition for personal vacation, snow days or other emergency closures (e.g. power/water outage, disease outbreaks, staff shortage etc.).

Early withdrawal for vacations or other reasons will result in the loss of the deposit and registration fee.

The school requires ONE MONTH written notice of withdrawal or tuition for the following month will be required.

The school reserves the right, but is not obligated to, refund tuition in cases where the administrator deems it inadvisable for the child to continue. All decisions by the school on possible refund or partial refund are final and non-negotiable.

A parent may withdraw their child from the school prior to June 30th, 2026 with a refund of post-dated cheques and Activity fee, **minus Registration fee and Deposit.** Withdrawals after December 2026 will receive no refund.

The parent agrees to pay the school the tuition fees as stated on the fee information.

Release Indemnity

The parent understands that in the event of illness or accident, the school or its agent is hereby authorized to seek medical attention or to have the child taken to hospital ambulance for treatment by a qualified medical attendant.

The Parent understands that young children, even under close supervision, will have occasional accidents. We (I) the Parent(s) release, indemnify, and hold the school, its agents, and its employees harmless of any and all claims, damages and other liabilities for injuries to my child which are not a direct result of negligence of the school, its agents or employees.

Parent 1 Signature _____**Date** _____

Parent 2 Signature _____**Date** _____

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ENROLLMENT QUESTIONAIRE

CHILD INFORMATION

First Name: _____ Last Name: _____

In order to ensure a proper fit between the philosophies of you, the parent, and the school we ask that you answer the questions below as honestly as possible. We feel that it is extremely important to have families in our school that agree with and support our philosophy and goals. This creates a sense of continuity between home and school which is beneficial to the child. All the information you provide will be held in strict confidence and is intended to assist the GPMS Staff in working with your child.

Prior School or Childcare experiences

What previous experience does your child have with school/childcare/nanny/etc. ?

Your Family

Is there anything about your child's home life that would help us to get to know your child better? i.e different languages spoken, siblings, etc

Child's Heath History and Development

Does your child have any medical conditions/allergies or anything we should be aware of to best support them?

Montessori Education

What are your expectations for choosing to send your child to a Montessori school? Do you feel the Montessori approach aligns with your family and parenting style? Do you plan to continue with a Montessori education?

School Involvement

Do you have any hobbies, interests, skills that you would like to share with the class? i.e cooking, traditions, cultural backgrounds, knitting, etc, or a field trip volunteer (Please note: any volunteers or special guests are require to provide a recent police check)

Other

Is there anything else you would like us to know?

Please keep us updated

Please let us know any new information about the child or the family (i.e. loss of a family pet, or an extended family member, or a potential move to a new house, parents separating, new job for a parent that requires them to travel, work shift change etc.). This information is very helpful because these events and changes may affect a child in different ways. We would appreciate being informed to better assist and guide your child through life changes and help him/her to cope with potential stress.

Thank you for taking the time to help us get to know your child and your family!

GPMS Staff