

2 1/2 & 3 YR - Preschool LEARNING EXPERIENCE 2021-2022

CHILDREN MUST BE TOILET TRAINED

*Limited spots for Under 3's ----->	<h3 style="margin: 0;">MONDAY, WEDNESDAY & FRIDAY</h3> <p style="margin: 0;"><input type="checkbox"/> *8:45 -11:15 am (2 ½ hr) \$308/month</p> <p style="margin: 0;">*Children turning 3 yrs old by December 31, 2021 may register in this class.</p>
	<h3 style="margin: 0;">TUESDAY & THURSDAY</h3> <p style="margin: 0;"><input type="checkbox"/> 9:00 - 12:00 pm (3 hr) \$260/month</p>
	<h3 style="margin: 0;">MONDAY & WEDNESDAY</h3> <p style="margin: 0;"><input type="checkbox"/> 12:30-3:00 pm (2 ½ hr) \$222/month</p> <p style="margin: 0;">*3/4 yr olds</p>
Coming..... January 2022	<h3 style="margin: 0;">'DISCOVERING PRESCHOOL' FOR 2 1/2 YEAR OLDS - MONDAYS</h3> <p style="margin: 0;"><input type="checkbox"/> 12:30-3:00 pm (2 ½ hr) \$115/month</p> <p style="margin: 0;">* For children who turn 3 yrs old after December 31, 2021. Must be potty trained</p>

SCHOOL STARTS THE FIRST WEEK AFTER THE LABOR DAY WEEKEND

NOTE: The June 2022 tuition + \$100 non-refundable Registration Fee is due at time of registration to reserve child's spot.

DUE AT TIME OF REGISTRATION:

- **Completed Registration Form**
- **\$100 Non Refundable Registration Fee**
- **JUNE 2022 Tuition - prepaid at time of registration**

**NOTE: Withdrawal Policy on reverse -----> (over)

MONTHLY TUITION PAYMENT (due by the 1st of every month):

1. 9 post-dated cheques dated Sept. 1, 2021 to May 1, 2022 payable to 'Learning Experience'
2. CASH/CHEQUE/DEBIT OR EMAIL TRANSFER to learningexperience@shaw.ca

LATE PAYMENT POLICY: You will be required to add a \$15 late charge to the tuition if not received by the 1st of the month.

Alternatively you may:

- * Pay in Full: 9 months - September to May cheque dated: September 1, 2021
- * Pay in 2 installments: 5 months (Sept-Jan) cheque dated: September 1, 2021
4 months (Feb-May) cheque dated: February 1, 2022

FAMILY DISCOUNT: Only one registration fee and \$15 discount monthly.

NOTE: Learning Experience reserves the right to cancel or modify classes based on enrollment. If a class is cancelled, all fees will be fully refunded.

Withdrawal Policy

- A MINIMUM ONE (1) MONTH WITHDRAWAL NOTICE is required by the 1st of the month prior to the month leaving. The tuition deposit will be refunded if the required notice is given. Failure to provide proper notice will result in NO REFUND
- EMAIL NOTICE TO: learningexperience@shaw.ca

IF you are withdrawing before school starts September 1, written notice is required BY August 1, 2021.

IF you are withdrawing anytime during school ie. November 15, written notice is required BY October 1, 2021.

There are NO exceptions to this policy.

Note: We do not pro-rate monthly tuition fees for mid-month withdrawals.

SCHOOL START DATES AND INFORMATION:

All classes will start the week after the September long weekend.

3rd week in August, you will receive a Welcome email containing:

- Teacher's name and classroom designation
- Parent Handbook (outlining our policies and procedures, ie. snacks, holidays, illness, arrival/pickup etc.

REGISTRATION FORM 2021-2022

LEARNING EXPERIENCE - 2 ½ and 3 YR PRESCHOOL

Child must be toilet trained

Child's Last Name _____

First Name _____

CHILD'S ADDRESS: _____ CITY: _____

Postal Code: _____ HOME PHONE: _____

EMAIL ADDRESS: * Please print carefully as email is our primary form of communication

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MOTHER'S NAME: _____ Cell #: _____ Work #: _____

(only if applicable during school hours)

FATHER'S NAME: _____ Cell #: _____ Work #: _____

CHILD'S DATE OF BIRTH: YR _____ MO _____ DAY _____ MALE: FEMALE:

****IS CHILD UNDER 3 AS OF SEPTEMBER 9? YES NO**

DOES CHILD LIVE WITH BOTH PARENTS WITH SAME ADDRESS: YES NO
 IF NO Please provide details other side ----->

WILL YOUR CHILD BE ATTENDING WITH AN AIDE: YES NO
 IF YES Please provide details other side ----->

IS CHILD IMMUNIZED? YES NO
 Does child require Epipen or Ventolin Puffer for Severe Allergies or Asthma: EPIPEN VENTOLIN PUFFER
 Does child have allergies? YES NO Please List: _____
 Does child have food restrictions? YES NO Please List: _____

EMERGENCY CONTACT: ie. Family member, friend, neighbor (IF NO ONE please insert parent with most availability)

Name: _____ Phone: _____

* _____

Emergency Contact Address ** MUST BE FILLED IN OTHERWISE WILL NOT BE ACCEPTED

LIST ALL AUTHORIZED PERSONS THAT WILL BE PICKING UP YOUR CHILD - NOT INCLUDING CHILD'S PARENTS

1. _____
 NAME (First and Last Name) TELEPHONE NUMBER RELATIONSHIP
2. _____
 NAME (First and Last Name) TELEPHONE NUMBER RELATIONSHIP
3. _____
 NAME (First and Last Name) TELEPHONE NUMBER RELATIONSHIP

M/W/F: AM 8:45-11:15 *Under 3: _____ MON/WED - PM 12:30-3:00 (3/4)
 T/TH: AM 9:00-12:00 MONDAY - PM 12:30-3:00 (2½ yrs) (Jan. 2022)

NOTES: _____

Reg Fee/Deposit & Date: _____ CLASS CODE: _____

CHEQUES RECEIVED: SEPT OCT NOV DEC JAN FEB MAR APR MAY JUN
 \$ _____/month

OTHER INFORMATION:

Names and Ages of brothers or sisters:

Please provide any information that you may be concerned with ie. speech, development, shyness, behavioural:

LANGUAGE SPOKEN AT HOME: _____

IF NOT ENGLISH, DOES YOUR CHILD SPEAK/UNDERSTAND ENGLISH:

YES (Understands and speaks well) VERY LITTLE (Has very basic/limited English skills) NO (Not at all)

Is child toilet trained and able to communicate their need to go to the washroom/manage their hygiene needs?
Yes In Progress * Children are expected be toilet trained by the beginning of September.

****AIDED/SUPPORTED CHILDREN INFORMATION (IF APPLICABLE)**

If your child will be attending with an Aide, please list the Agency and contact person you are working with:

If your child is currently being assessed or will be, please provide details:

CUSTODIAL INFORMATION (IF APPLICABLE):

IF PARENT'S LIVE APART: PLEASE PROVIDE NON-RESIDENT PARENTS' NAME AND ADDRESS:

IS THERE A COURT/PARENTAL RESTRICTION ORDER IN PLACE? YES NO **IF YES - PLEASE PROVIDE A COPY OF THE CUSTODY/PARENTAL RESTRICTION DOCUMENT AT TIME OF REGISTRATION.**

IF THE CHILD DOES NOT LIVE WITH EITHER PARENT ie; foster care/agency/relative. Please inform school office at time of registration and complete the following information:

GUARDIAN/AGENCY NAME _____ WORK #: _____ CELL #: _____

How did you learn about our school? Personal Referral - Family Name: _____
Community Newsletter Online Street Sign

****I have read and understand the Withdrawal Policy and Late Payment Policy outlined in this document.**

PARENT SIGNATURE: _____ DATE: _____

NOTES:



PRESCHOOL/CHILDCARE MEMORANDUM OF AGREEMENT

A MEMORANDUM OF AGREEMENT BETWEEN LEARNING EXPERIENCE, HEREAFTER KNOWN AS

'THE SCHOOL' AND _____, HEREAFTER KNOWN AS
PRINT Parent's Name

'THE PARENT', ON THE ADMISSION OF THE PARENT'S CHILD _____
PRINT Child's Name

1. THE PARENT recognizes that their child's behavior must be appropriate in a classroom where each student respects the rights and privacy of others. The staff of THE SCHOOL will administer no punishment of any kind; redirection is the method used for child guidance. If a problem persists, THE SCHOOL reserves the right to cancel the child's enrollment.
2. THE PARENT understands and agrees that THE SCHOOL will not tolerate any type of verbal abuse or harassment of staff members. If a problem persists, THE SCHOOL reserves the right to revoke the child's enrollment at any time.
3. THE PARENT understands that if their child is ill and unable to participate in all school activities, he/she should not be sent to school. In the event the child is away due to illness/quarantine, there will be no refund issued to the PARENT for the duration of the absence.
4. THE PARENT gives permission for THE SCHOOL staff to seek medical attention without restriction as to scope or source for their child in the event of an accident or illness while in the care of THE SCHOOL. Any resulting costs shall be assumed by the parent. THE SCHOOL is permitted to administer prescription medication **only under specified conditions**.
5. THE PARENT gives permission for photographs or video recordings of their child to be taken while in the care of THE SCHOOL and used by THE SCHOOL (**internal use only**) for various purposes with or without prior knowledge.
6. THE PARENT recognizes that the monthly tuition must be received by the 1st of every month (cash, debit, cheque or email transfer). The parent agrees to add a **\$15 late penalty fee** to any tuition payments made after the 1st of the month.
7. THE PARENT agrees to pay a service charge of **\$20 for FIRST bank returned cheque and \$40.00 for all subsequent bank returned cheques.**
8. THE PARENT understands tuition fees will **not be waived** for families taking extended vacations/time away.
9. THE PARENT understands THE SCHOOL **Withdrawal Policy** as follows:
A MINIMUM ONE (1) MONTH WITHDRAWAL NOTICE is required by the 1st of the month prior to the month leaving. The JUNE 2022 Preschool tuition deposit will be refunded if the required notice is given. Note: We DO NOT pro-rate monthly tuition fees for mid-month withdrawals. The Registration Fee is NON-REFUNDABLE.
10. THE PARENT agrees to read and understand the Learning Experience Parent Handbook outlining our policies and procedures.
11. THE PARENT understands that THE SCHOOL reserves the right to cancel or modify programs based on enrollment. If a program is cancelled all fees will be fully refunded.

I, THE PARENT, acknowledge that I have read and understand all policies and procedures of Learning Experience as set out in this Memorandum of Agreement.

DATE

PARENT/GUARDIAN SIGNATURE