

Home Address:

Street _____

City _____

Postal Code _____

Home Phone _____

Mother

Father

Last Name _____ First Name _____

Last Name _____ First Name _____

Occupation/ Work Place _____

Occupation/ Work Place _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Email _____

Email _____

Emergency Contact – (alternative person to contact in case of emergency, if parents unavailable)

Name _____

Relationship to child _____

Home Phone _____

Cell Phone / Other Phone Number _____

EMERGENCY & HEALTH INFORMATION

Family Doctor: _____ Doctor's Phone #: _____

Child #1: _____ Allergies: _____ YES _____ NO

List Allergies: _____ Life Threatening
_____ Epi Pen Needed

Personal Health #: _____

Child #2: _____ Allergies: _____ YES _____ NO

List Allergies: _____ Life Threatening
_____ Epi Pen Needed

Personal Health #: _____

Child #3: _____ Allergies: _____ YES _____ NO

List Allergies: _____ Life Threatening
_____ Epi Pen Needed

Personal Health #: _____

It is the parents' responsibility to provide guidance to the school with respect to the prevention of and treatment of allergic reactions. Please ensure that the school office and your children's teachers have received specific instructions PRIOR to your children attending classes in September.

IF YOUR CHILDREN SUFFERS FROM LIFE THREATENING ALLERGIES, IT IS ESSENTIAL THAT YOU COMPLETE THE SCHOOL'S ALLERGY INFORMATION FORM AND PERSONALLY INFORM YOUR CHILDREN'S TEACHER.

Custody Information (if Applicable): _____

_____ **NO CUSTODY CONCERNS**

Name of Parent who has Legal Custody: _____

Name of Other Parent: _____

Custody/Access Restrictions: _____

Please attach a copy of any Court Order that pertains to the custody and/or access of your child.

Privacy Act

I consent to having Cornerstone Montessori School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and e-mail addresses, behavioural, academic and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of Cornerstone Montessori School (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with Cornerstone Montessori School, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in Cornerstone Montessori's Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of Cornerstone Montessori School.

This information is required in order to register your children at this school and assist the school authority in making an informed decision as to your children's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information you may contact the school's Privacy Officer.

I consent to the following (please check applicable boxes below):

- To have my children's name and the parents' phone number and e-mail included on the "Class List" for his/her grade.
- To have photographs and/or samples of my children's work used in a yearbook/scrapbook, **in-school** power point presentation or **in-school** newsletters or email newsletters.
- To have photographs of my children used on the school website or promotional material.

Signature of Parent or Guardian

Date

CORNERSTONE MONTESSORI SCHOOL

Celebrating Academic Excellence Since 1985

PERMISSION FORM 2017/2018

I hereby give permission for my child, _____ GRADE: _____
Student's Name

to participate in the following activities at Cornerstone Montessori School, to be transported to and from these activities by the bus company that Cornerstone Montessori School contracts with, and to be transported short distances by Cornerstone Montessori School staff.

Students are always accompanied by their teacher or a Cornerstone Montessori Staff Member when leaving the school premises.

BUS TRANSPORTATION

Where students participate in events off the school premises they are transported by a professional bus company. Cornerstone Montessori currently uses *First Student Canada* and *Thirdwave Bus Services* to provide these services.

Occasionally, if there is a small group of students to transport to a local facility, students may be transported in Cornerstone Montessori School staff vehicles.

PE CLASSES

Physical Education classes are held at the gymnasium at Bear Creek Church which is located at 8383-140th Street.

PE classes are occasionally held at Bear Creek Community Park where students have access to a running track, track and field area and paths for a nature walk. Students may be driven directly to the park by bus or they may walk through the church parking lot which leads to one of the paths in the park. As well, students may occasionally walk to one of the local parks.

Gym Uniforms: Please note that students should wear their track suits to school on the days of their PE classes. Track suits are purchased from UNIMAX Uniforms. Students should also wear good quality, well fitting running shoes. Shoes must **not** have black soles.

LIBRARY

Students visit the Fleetwood Library on a regular basis. Fleetwood Library is located at 15996 – 84th Avenue.

SURREY SPORT AND LEISURE COMPLEX

Students sometimes participate in activities at the Surrey Sport and Leisure Complex located at 16555 Fraser Highway. The complex has ice skating and swimming facilities. Swimming lessons may be a part of the PE curriculum. The school generally books at least one ice skating field trip each school year.

COMMUNITY PARKS, BUSINESSES, CULTURAL FACILITIES

On occasion, students also visit other facilities within the community. Some examples of these might be:

- a visit to a local grocery store as part of a health and nutrition unit
- a field trip to an art gallery or to a performing arts facility
- a visit to a local nursery

DISMISSAL AWAY FROM THE SCHOOL

In most cases, students will travel to and from the above facilities by the methods of transportation mentioned. On some occasions, students will be dismissed directly from these facilities. Parents will be notified in advance if this is the case.

Parent or Guardian Signature

Date

PARENT AGREEMENT

I, the undersigned, agree to the following:

1. To enroll my child at Cornerstone Montessori School for the current school year.
2. To provide the school with all fees and tuition payments prior to the dates they are due.
3. When arriving at school, to bring my child **on time** and to pick up my child from school **on time**.
4. To notify the school if there are any changes to the legal custody and/or access arrangements, or the living arrangements of my child; to provide the school with appropriate Court Orders.
5. To notify the school in advance if any person other than the parent/guardian is picking up my child.
6. To advise the school if there are any changes in the family relationship, including any changes to the custody/access of my child.
7. I understand that absences due to illness or holiday and school closures due to severe weather conditions and/or natural disasters are not exempt from payment.
8. To keep my child from school if there is any question of illness; to notify the school about any serious illness; and to call the school if my child will be absent from school.
9. That permission is granted to call a physician or ambulance in case of an emergency.
10. To phone the school no later than 9:00 a.m. if my child is going to be absent.
11. The school reserves the right to release a child if the school decides it is best for the child and/or the school.
12. To purchase the school uniform and ensure my child wears it every day other than "casual days".
13. I understand that there is no tuition refund on any of the payments made to Cornerstone Montessori School for the current school year, which includes the \$1,000.00 deposit.
14. In order for my child to have a positive school experience, I understand there will be a phase-in schedule for part of the month of September (for Kindergarten and grade 1 students only).

Parent Signature

Date

I hereby certify that all the information given regarding my child's registration is deemed complete and correct.

Parent Signature

Date

Cornerstone Montessori School

Celebrating Academic Excellence Since 1985

LEGAL RESIDENCY OF PARENT – FORM A

FOR NEW STUDENTS ONLY

This form is required by Independent Schools to be completed and submitted to the school, together with all necessary documentation, at the time of registration.

***** PLEASE ATTACH A COPY OF YOUR CHILD'S BIRTH CERTIFICATE. *****

To be completed and signed by **ONE** parent or legal (court appointed) guardian. If legal guardian, attach a copy of court order appointing you as legal guardian.

1. **I am lawfully admitted to Canada (please \checkmark one):**

- Canadian citizen born in Canada
- Canadian citizen **not** born in Canada (please attach a photocopy of citizenship paper/card)
- Landed Immigrant / Permanent Resident (please attach a photocopy of Permanent Resident Card or Landed Immigrant Status Paper)
- Lawfully admitted to Canada under one of the following documents (please mark the appropriate box below and attach a photocopy of documents):
- Admission as a refugee claimant
 - A person claiming refugee status who has a letter of no objection
 - Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counterfoil in his/her passport)
 - Other – Document description: (must be cleared with Immigration Canada) _____

2. **Residency of British Columbia (please \checkmark one):**

Yes: Residency address: _____

Attach proof of residency, e.g. driver's license.

No: I am not a resident of British Columbia

3. **Confirming Signature:**

Parent/s Legal Guardian's Name _____

Parent/s Legal Guardian's Signature _____

Date: _____



Cornerstone Montessori School

ANNUAL TUITION – 1 Elementary student

Annual Tuition **\$7,150.00**

Deposit **\$1,000.00**

March 1, 2017 \$250.00
May 1, 2017 \$250.00
July 1, 2017 \$250.00
August 1, 2017 \$250.00

(or 1 cheque for \$1000.00 dated March 1, 2017)

Monthly Tuition **\$615.00** (Sept 2017 – June 2018)

ANNUAL TUITION - 2 Elementary Students

First Child: \$ 7,150.00
Second Child: \$ 6,435.00 (10% discount)
Total: \$ 13,585.00

Annual Tuition **\$13,585.00**

Deposit **\$ 1,900.00**

March 1, 2017 \$475.00
May 1, 2017 \$475.00
July 1, 2017 \$475.00
August 1, 2017 \$475.00

(or 1 cheque for \$1,900.00 dated March 1, 2017)

*1st Child \$615.00
2nd Child \$553.50*

Monthly Tuition **\$ 1,168.50** (Sept 2017 – June 2018)

ANNUAL TUITION - 3 Elementary Students

First Child: \$ 7,150.00
Second Child: \$ 6,435.00 (10% discount)
Third Child: \$ 3,575.00 (50% discount)
Total: \$ 17,160.00

Annual Tuition **\$17,160.00**

Deposit **\$ 2,400.00**

March 1, 2017 \$600.00
May 1, 2017 \$600.00
July 1, 2017 \$600.00
August 1, 2017 \$600.00

(or 1 cheque for \$2,400.00 dated March 1, 2017)

*1st Child \$615.00
2nd Child \$553.50
3rd Child \$307.50*

Monthly Tuition **\$ 1,476.00** (Sept 2017 – June 2018)

There are additional fees for field trips, hot lunches and bus transportation to the library and the gym at Bear Creek Church (PE classes) for which invoices are issued in September and January.

PERSONAL PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

One Form per Family

The Pre-Authorized Debit (PAD) is an easy way to make your monthly Cornerstone Montessori School ("Cornerstone") payments. Your permission is all that is required for Cornerstone to have your financial institution withdraw the amount of your child(ren)'s monthly school fees. To take advantage of the PAD, simply complete the authorization form below. Please ensure that all people with signing authority on your bank account sign the authorization form and return it to the school office, along with a cheque marked 'VOID'. If you require assistance with this form, please call the office at 604.599.9918.

PARENT'S NAME: _____

MONTHLY FEE AMOUNT:

1 st Child's Name	Grade
2 nd Child's Name	Grade
3 rd Child's Name	Grade

To: Cornerstone Montessori School (also known as Cornerstone Kindergarten Society) (the "Payee")

This Authorization is provided for the benefit of the Payee and our Financial Institution and is provided in consideration of our Financial Institution agreeing to process debits against our account in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

Please complete all sections to instruct your Financial Institution to make payments directly from your account.

Return the completed form with a blank cheque marked "VOID" to the Payee below.

1. ACCOUNT HOLDER INFORMATION (Please print clearly)

Name: _____

Mailing Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone Number: _____

2. BANK ACCOUNT INFORMATION

TRANSIT NUMBER

INSTITUTION

ACCOUNT NUMBER

Chequing Account:

Savings Account:

Financial Institution Name: _____

Branch Location: _____

3. PRE-AUTHORIZED DEBIT (PAD) PAYEE DETAILS

Company Name: **Cornerstone Montessori School (also known as Cornerstone Kindergarten Society)**

Account Number: *****001

Mailing Address: 14724 – 84th Avenue

City: Surrey

Province: BC

Postal Code: V3S 2M5

Telephone Number: 604.599.9918

Fax: 604.597.0468

E-mail: corstone@telus.net

Account Information: The account that the Payee is authorized to draw upon is indicated above. A specimen cheque available for this account has been marked "VOID" and is attached to this authorization.

Accuracy and Changes in Account Information: By signing this Authorization, we certify that all information contained in this form is accurate and we agree to inform the Payee, in writing, of any change in the information provided prior to the next due date of the PAD.

Valid Signing Authority: We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

Authority to Debit Account: We hereby authorize the Payee to draw on our account indicated above with our Financial Institution, for the following purpose: School Tuition Fees.

Frequency and Amount of Debits: A debit, in paper, electronic or other form in the amount of \$ _____

or a variable amount, with reasonable latitude for adjustments and in no case to exceed \$ _____, may be drawn on our account Monthly beginning September 1st annually. Annual top-ups or adjustments are permitted. If payments are sporadic, we agree to cooperate with the Payee to pre-authorize the processing of each and every PAD against our account whether authorized verbally or electronically, by use of a password, secret code or such other signature equivalent, as the parties shall agree to constitute valid authorization.

Validation by Processing Financial Institution: We acknowledge our Financial Institution is not required to verify that any purpose of payment for which a PAD was issued has been fulfilled by the Payee or that a PAD has been issued in accordance with the particulars of our Authorization including, but not limited to, the amount, as a condition to honouring a PAD issued by the Payee on our account.

Recourse/Reimbursement: We have certain recourse rights if any debit does not comply with this agreement. For example, we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on our recourse rights, we may contact our Financial Institution or visit www.cdnpay.ca.

Our Rights of Dispute: We may dispute a Pre-Authorized Debit in accordance with CPA Rules under the following conditions:

1. The PAD was not drawn in accordance with our Authorization; or
2. This Authorization was revoked.

In order to be reimbursed, we acknowledge that a declaration to the effect that either (1) or (2) took place, must be completed and presented to our branch of our Financial Institution up to and including 90 calendar days after the date on which the disputed PAD was posted to our account. We acknowledge that any claim made after 90 business days or for any reason other than the above, is a matter to be resolved solely between the Payee and ourselves.

Acceptance of Delivery of Authorization: We acknowledge that provision and delivery of this authorization to the Payee constitutes delivery by us to our Financial Institution. Any delivery of this Authorization to you constitutes delivery by us.

Cancellation of Arrangement: This Authorization may be cancelled at any time upon notice by us to the Payee at least 10 business days prior to the PAD being issued.

Pre-Notification Waiver: We agree with the Payee to waive the requirement under the CPA Rules to receive a written pre-notification prior to each PAD as set out in the Rules.

Contract for Goods or Services: Revocation of this Authorization does not terminate any contract for goods or services that exists between the Payee and us. Our Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

We understand and agree to this PAD arrangement and to the disclosure of any confidential information to any third parties as may be required to process the PAD in accordance with the CPA Rules.

Dated this _____ day of _____, 20_____

Authorized Signatory (signature)	Name (please print)
Authorized Signatory (signature)	Name (please print)

****The individual whose name is listed on the front of the cheque must sign in the box above.**