



2021- 2022 Application and Fee Schedule

Program and Fees in Accordance with Newborn Montessori's 2021-2022 Calendar

Attendance: 9:00am to 12:00pm 5 days per week <u>Monday through Friday</u> Price: \$605.00 prorated per month (Start date through June 24 th , 2022)
Attendance: 9:00am to 12:00pm 4 days per week _____ Price: \$490.00 prorated per month (Start date through June 24 th , 2022)
Attendance: 9:00am to 12:00pm 3 days per week _____ Price: \$370.00 prorated per month (Start date through June 24 th , 2022)
Attendance: 9:00am to 12:00pm 2 days per week _____ Price: \$240.00 prorated per month (Start date through June 24 th , 2022)

Newborn Montessori closely follows the Saskatoon Public School calendar and observes all statutory holidays and school closures. Please see Newborn Montessori 2021-2022 Calendar for more information.

Payment methods:

A series of postdated cheques dated the first of each month (Start date through May 1st, 2022). Cheques payable to Amy Milne.

Reoccurring e-transfers dated the first of each month (Start date through May 1st, 2022). E-transfers to newbornmontessori@gmail.com.

A one month's deposit is required prior to starting. The deposit amount will be applied to June 1st, 2022 or your last month based on the program Cancellation Policy.

Cancellation Policy:

Written notice must be received a minimum of one month (thirty days) prior to withdrawal.

Name to whom receipts are issued: _____

Student Details:

First Name: _____ Last Name: _____
Date of Birth: (DD/MM/YY) _____ Gender: _____
Address: _____ Postal Code: _____

Medical Information:

Child's Hospitalization number: _____
Allergies/special needs: _____

Parent/ Guardian Details:

First Name: _____ Last Name: _____
Telephone: (Res) _____ (Work) _____ (Cell) _____
Occupation/Place of work: _____
Email: _____
Address, if different from child's: _____

First Name: _____ Last Name: _____
Telephone: (Res) _____ (Work) _____ (Cell) _____
Occupation/Place of work: _____
Address, if different from child's: _____

Emergency Daytime contact (if parent(s)/ guardian(s) cannot be reached):

First Name: _____ Last Name: _____
Telephone: (Res) _____ (Work) _____ (Cell) _____

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Amy Milne, Program Director

Date