



Introducing CASA Program | Lower Elementary | Higher Elementary

Dear Parents,

Thank you for choosing *Daffodils Academy*. We welcome you to Daffodils Academy transpired on the worldwide educational movement for children – the Montessori pedagogy introduced over 100 years ago by Maria Montessori. Daffodils Academy starts in Sep 2024 is an Elementary school founded on the principles of Maria Montessori that were developed by her great research of how children best learn. "Montessori is the single largest pedagogy in the world with over 8,000 schools on 6 continents" (the Association Montessori Internationale).

The Montessori philosophy is not new to Daffodils Academy Management and staff, we have been providing safe and reliable childcare programs for over 20 years, which have helped every child to develop to their fullest potential at Cradle2 Kinder, a Montessori inspired childcare where we are taking up Pre- CASA and CASA Montessori programs.

The emphasis on socialization and independent learning at *Daffodils Academy* will provide valuable skills and an excellent learning experience that will benefit children throughout their academic career and life.

Daffodils Academy will open Monday to Friday 7:30AM – 6:00PM with before and after programs and a summer camp during Summer vacations. Please contact the office for more information.

Admission to *Daffodils Academy* is finalized after an initial discussion followed by a tour with both parents, including the child.

Our admission procedure requires the following documentation:

- Registration Form
- Immunization Form
- Parent Agreement
- Pre-Authorized Debit Form
- Medical & Emergency Form
- Parent Consent Forms
- Tuition Deposit
- Registration Fee: \$200/- plus last two weeks deposit

Once a child's application and registration payment has been accepted by administration, the admission for the spot is booked for the agreed start date. The registration fees and tuition deposit are non- refundable, non-transferable, and non- deferrable.

To learn more about Daffodils Academy, and the programs offered, please feel free to contact us to book your personal appointment. This will allow you to learn about our programs and see the Centre, and also speak with our School Principal. Please visit our website www.daffodilsacademy.ca.

Thank you once again for choosing Daffodils Academy for your child's care and education.

Ms. Sabina Naushad
Ms. Nazima Khalid
Operators / Directors

Unit # 16, 635 Fourth Line, Oakville L6L 5B3 | 905-844-3858
info@daffodilsacademy.ca | www.daffodilsacademy.ca



DAFFODILS ACADEMY

Unit # 16, 635 Fourth Line, Oakville, ON, L6L 5B3 • 905.844.3858

Program: CASA

Level:

Start Date:

Part A: CHILD Information			
Last, First Name:		Home Phone#:	
Home Address:		City:	Postal Code:
Birth Date (M / D / Y):		Gender: M F	Days of Attendance:
Doctor:		Full Address:	Phone#:

Part B: PARENT Information			
Father / Mother: Last, First Name:		Home Address:	Home#:
Employer:		Full Employer Address:	Work#: ext.
		Email:	Cell/Pager#:
Father / Mother: Last, First Name:		Home Address:	Home#:
Employer:		Full Employer Address:	Work#: ext.
		Email:	Cell/Pager#:

Part C: EMERGENCY Contact Information (list in order, names of persons to be called in an emergency situation, excluding parents)			
1. Last, First Name:		Full Address:	Home#:
		Relationship:	Cell/Pager#:
		Email:	Work#:
2. Last, First Name:		Full Address:	Home#:
		Relationship:	Cell/Pager#:
		Email:	Work#:
3. Last, First Name:		Full Address:	Home#:
		Relationship:	Cell/Pager#:
		Email:	Work#:

Part D: RELEASE Information (names of persons to whom the child may be released)			
Last, First Name:		Relationship:	Contact #:
Last, First Name:		Relationship:	Contact #:
Last, First Name:		Relationship:	Contact #:

I will contact the Director immediately if any of the above information changes. I certify that all this information is correct.

Signature: _____

Date: _____

Internal Use ONLY			
Start Date:	Fee Details:	Program:	
Withdrawal Date:	Account Status:	Reg. Fee \$	Chq#
Allergies:	Communicable Diseases:	Medical Condition:	Date of cheque:



MEDICAL & EMERGENCY INFORMATION

In case of a medical emergency does *Daffodils Academy* have your permission to provide first aid treatment and obtain additional medical care for the student? **Yes / No** Parent's Initial _____

If No, please state reason and procedure to follow in the event of an emergency _____

Doctor's name _____ Telephone # _____

Doctor's address _____ City _____ Postal Code _____

Does the student have a previous history of any communicable diseases? **Yes/ NO**
Please specify _____

Does the student require any medication or suffer from any current disease? **Yes/ NO**
Please specify _____

Does the student suffer from any allergies? Yes/ No
Please specify _____

Is this a life-threatening allergy which requires an Epi-pen for emergency situations? Yes/ No

If yes : I agree to provide *Daffodils Academy* with two Epi-pens and to arrange a time to meet with the Supervisor to train them on the administration of the Epi-pen and to review a Anaphylaxis Personal Emergency Response Plan for my child.

Parent's Initial _____

Date of training meeting _____

Training provided by _____ School supervisor who received training _____

My child is immunized, and I have attached a copy of their immunization record, as required by the Halton Region Health Department.

I DO/ I DO NOT give permission for the staff at *Daffodils Academy* to apply a sunscreen product to my child while playing outside.

I DO/ I DO NOT understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs. I have provided a labelled sunscreen container to *Daffodils Academy* for staff to reapply onto my child.

Emergency Contacts (other than parents/guardian). **These persons are authorized to pick up my child in the event of an emergency such as an unexpected school closure.**

1- Name _____ Relationship with child _____

Telephone Home # _____ Cell or Work # _____

Contact #1 is also authorized to pick up my child at any time from school? Yes/ No Parent's Initial _____

Please specify _____

2- Name _____ Relationship with child _____

Telephone Home # _____ Cell or Work # _____

Contact #2 is also authorized to pick up my child at any time from school? Yes/ No Parent's Initial

Please specify _____

IN CONSIDERATION OF THE ACCEPTANCE OF THIS APPLICATION FOR ADMISSION AND OTHER GOOD AND VALUABLE CONSIDERATION, I AGREE TO PAY TUITION FEES AND OTHER AMOUNTS WHEN DUE

FURTHER, I HAVE READ THE SCHEDULE OF FEES AND THE PARENT'S HANDBOOK AND AGREE THAT THE RULES AND REGULATIONS CONTAINED THEREIN ARE TO BE INCORPORATED AS TERMS OF THE AGREEMENT ENTERED INTO HEREIN.

Daffodils Academy RESERVES THE RIGHT TO SUSPEND OR EXPEL THE STUDENT IF (S)HE FAILS TO ADHERE TO THE BEHAVIOUR MANAGEMENT POLICY OF THE SCHOOL

Signature of Parent or Guardian _____

Dated at _____ this _____ day of _____ 20 _____

Participation Permission Form

With reference to the categories listed below I _____ (parent name) give my child _____ (student name) permission to participate as follows while attending *Daffodils Academy*.

I DO / I do NOT give permission for my child to participate in offsite field trips organized by the school. I understand that information relating to those field trips will be posted in the monthly newsletters emailed to me.

I DO / I do NOT give permission for my child to participate in occasional school nature walks in the neighborhood and to the local park.

I understand that should I not authorize my child to participate in the above mentioned "trips, walks and/or nature walks" I am responsible to make alternative arrangements for my child's care during these activities.

I DO / I do NOT authorize *Daffodils Academy* to disclose my home phone number & email along with my child's name, on a class list which will be provided to all parents in my child's class.

I DO / I do NOT authorize *Daffodils Academy* to use my child's photo(s) for school promotional purposes.

I DO / I do NOT authorize *Daffodils Academy* to post my child's photos in classes rooms or main entrance.

I have provided the school with a copy of my child's most recent immunization record.

Signature of Parent or Guardian _____

Dated this _____ day of _____ 20 _____

The following information is deemed CONFIDENTIAL and is used for the sole purpose of student and school administrative records

Other Information:

For school administrative purposes only.

Principal's Signature: _____

Date: _____

Date of withdrawal from program: _____



All About Me

Are there any foods that you do not wish your child to have? Please list:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Any other
information

Please list the names and ages of sibling.

Are there any babies expected this year? If so, when?

List any other members of the household other than parents and siblings.

Is English understood and spoken at home? What other languages are spoken at home?

Has your child attended any other programs for children? (Library, Church, Swimming, etc.,)

What activities does your child enjoy?

How would you describe your child's personality?

How does your child adjust to new surroundings?

Does your child have any special needs?

Is your child toilet trained? (It is recognized that accidents happen)



***Daffodils Academy is open from 8:30 am – 3:30 pm, Mondays to Fridays.
Before and After school programs (7:30AM -8:30AM & 3:30-6:00PM) Monday to Fridays***

CASA POLICIES & PROCEDURES

Change of Information

Please notify our Principal in writing of any changes in information including address, place of employment, food restrictions, or pick-up arrangements.

Availability of Parents in an Emergency

Daffodils Academy must always have current and updated information on the children at the school. If you are unavailable on a certain day, please ensure to leave information with your child's teacher as to who can be contacted in an emergency.

Attendance and Punctuality

Please contact the office before 9:00 am if your child will not be attending or will be coming late to school. Upon arrival, please escort your child directly to the classroom, and hand-over to the teacher-in-charge. If someone else is picking up the child, the supervisor and Class teacher need to be notified in advance and the person picking up must present a photo identification card.

Late Pick-Up

All children must be picked up before your child's school closes. If parents are unable to pick up their child before closing time, parents need to inform the school's office beforehand and find an alternate adult to pick up their child. Please ensure that the person picking up your child brings a picture identification for verification. **For children picked up after the scheduled time, late charges of \$1.00 per minute are to be paid directly to the staff member on duty. If the late-charge is not paid right away, the parent will be invoiced for the due amount.**

Withdrawal / Termination

Two months' notice is required for withdrawal of the child from the program.

Daffodils Academy reserves the right to terminate a child's enrolment if this action is for the benefit of the child or the classroom.

Illness

If a child is ill, please do not bring them to school. Should a child show signs of fever (100.2 deg F or higher), diarrhea, vomiting, or any other contagious illness, the child's parents will be called immediately to pick up the child. If the child is off for more than five days due to illness, a doctor's note is required before they may return to school.

Medication

If your child is on medication, you must bring in the original medication containers with labelled prescription and give them to the teacher to be recorded and stored. A child must be on the prescribed medication for at least 24 hours before they can return to school. All medication must be prescribed and/or accompanied by a doctor's note. The parent is required to fill out the necessary forms clearly stating the times and amounts of medication to be given. The school will not administer any medication without the appropriate documentation.

Meals

Children in the CASA and PRE CASA programs will be provided a mandatory hot lunch and 2 snacks.

Registration Checklist

Please ensure that completed paperwork is submitted to the office prior to any visits. This includes Registration Form, Immunization Form, Parent Agreement and Pre- Authorization Payment Form and the non-refundable Registration Fee.

Your Child's First Days in PRECASA/ CASA

- During your child's first few days, our school staff will spend as much one-on-one time as possible with your child to help her/him feel more secure in their new environment.
- Your child will feel more secure in their new environment if she/he senses your comfort and confidence with drop off and pick up.
- It is completely normal for children as well as parents to feel a sense of separation anxiety during the first few weeks. Program staff are here to answer any of your questions or concerns.
- The goal is for all children in the classroom to be on the same schedule, however we will follow your child's schedule as much as possible when they begin in the class.

Getting Settled

Parents should ensure that all items sent to the Centre are clearly labelled, including items such as: bottles and lids, cups, shoes, jackets, etc. *Daffodils Academy* is not responsible for lost or stolen items.

The following is a list of items that parents need to supply:

- Labelled bottles and lunch boxes (first and last name)
- A minimum of 2 full changes of clothes
- Suitable outdoor clothing (cool/warm)
- Sunscreen (labelled)
- A laminated family photo.

Lunchtime Routine

Depending on which classroom your child is in we begin eating lunch as early as 11:30am. The children are encouraged to feed themselves (with or without utensils) and use a bottle, Sippy cup or cup independently.

Outdoor Play

The children will go outdoors each day weather permitting. If your child is not well enough to go outside, then he or she is not well enough to be at school.

Evacuation Site

In the event that we need to evacuate the building, we have arranged to use Subway 649 Fourth line Unit #9, Oakville, ON, L6L 6B3 or Pine Grove Public school 529 Fourth line, Oakville, ON, L6L 5A8. The parents will be notified of an evacuation by the school as soon as possible and be asked to pick up their child.

Parent Involvement

We encourage all parents to become involved in the school by communicating with your child's staff and other children and giving us their input. If parents have any questions or concerns, they can either approach the Supervisor or the Director.