



## 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](http://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](mailto:info@daffodilsacademy.ca) | [www.daffodilsacademy.ca](http://www.daffodilsacademy.ca)



# DAFFODILS ACADEMY

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

<b>Program: Elementary</b>	<b>Level:</b>	<b>Start Date:</b>
<b>Part A: CHILD Information</b>		
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#:

<b>Part B: PARENT Information</b>		
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#:

<b>Part C: EMERGENCY Contact Information (list in order, names of persons to be called in an emergency situation, excluding parents)</b>		
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#:

<b>Part D: RELEASE Information (names of persons to whom the child may be released)</b>		
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: \_\_\_\_\_

<b>Internal Use ONLY</b>			
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 \_\_\_\_\_

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## Participation Permission

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 "field trips, walks and/or nature walks" I am responsible to make alternative arrangements for my child's care during these activities.

## Personal Information Release

**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

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: \_\_\_\_\_



**EDUCATION HISTORY INFORMATION:**

1. School history: Please provide the name of the schools your child has attended, and the length of attendance:

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2. Has the child undergone any specialized therapy: please list any information for your child:

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3. Was your child's previous school under a Montessori setting? Y \_\_\_\_\_ N \_\_\_\_\_

4. What would you describe as your child's greatest strengths? \_\_\_\_\_

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5. What are your child's interests, hobbies or extracurricular involvements? \_\_\_\_\_

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6. Is English your child's first language? Y \_\_\_\_\_ N \_\_\_\_\_ If No, provide their primary language:

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**ELEMENTARY LUNCH REGISTRATION FORM**

Would you like your child to receive a hot lunch? YES \_\_\_\_\_ No \_\_\_\_\_

- Catering fee applies for this program \$145 per month Elementary.
- Please confirm Lunch program fees by August 1st
- Refunds will not be provided for any absent days.



***Daffodils Academy is open from 8:30 am – 3:45pm, Mondays to Fridays.  
Before and After school programs (7:30AM -8:30AM & 3:45-6:00PM) Monday to Fridays***

## **LOWER ELEMENTARY POLICIES & PROCEDURES**

### **Change of Information**

Please notify the 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 your child, the Principal 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 are encouraged to bring their lunches from home. If you require hot lunches for your child, then please contact the office for more information.

## **Lunchtime Routine**

Depending on which classroom your child is in we begin eating lunch as early as 12:00PM. Children are encouraged to feed themselves using their own utensils, cutlery and a Sippy cup, or cup independently.

## **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.

## **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.

## **Getting Settled**

Parents should ensure that all items that are sent to the School are clearly labelled, including items such as: 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:

- A minimum of 2 full changes of clothes
- Suitable outdoor clothing (cool/warm)
- Sunscreen (labelled)

## **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 the school.

## **Parent Involvement**

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