Fun & Study
THE FUN WAY OF LEARNING

Little Elly
LITTLE WORLD OF JOY...

Application Form

Year for the year 20 __ 20 __ school year

Please affix a recent passport size photograph

Enrolment number: .....

Name of the child: ..... Gender Male ☐ Female ☐

Date of Birth (Month/Day/Year): .....

Seeking Admission for the Year 20_____ - 20 _____

Junior Preschool Montessori: ☐ Senior Preschool Montessori: ☐

Current residential address: .....

.....

Languages spoken: .....

Any special words or names used at home: .....

Father's name:	Occupation:
Email:	Telephone:
Mother's name:	Occupation:
Email:	Telephone:

IN CASE OF EMERGENCY, PLEASE PROVIDE CONTACT:

Name: .....Telephone: ..... Relation to child: .....

Select Class Timings

Program	Morning Batch
Junior Preschool Montessori	☐9:00 AM to 12.30 PM
Senior Preschool Montessori	☐9:00 AM to 12.30 PM

Preschool age students only, minimum Age > 30 months, and program duration is 3.5 hours

Fun & Study
THE FUN WAY OF LEARNING

Little Elly
LITTLE WORLD OF JOY...

Transportation

The cost for transportation is based on distance. The current year fees are as follows:

Evans Creek, Vesta, Redmond Hill - $150

Within 3 mile radius - $200 **and within 5 mile radius** - $225

We will continue to review fees throughout the year and based on number of students enrolled at a location we may change fees with 1 month advance notice. It is optional for parents to opt in for Fun and Study arranged transportation.

Payment and Refund Policy

The Academic year registration fee is as follows:

Admission fees	Amount	Monthly recurring fees	Amount
New student registration	$200	Morning session	$875
Existing Student registration	$100		
Re-registration fees	$300	Diaper fees	$150

- ☐ Tuition Fee has to be paid for all the months the student has attended. There are no fee waivers for sick days or days off per our school holiday schedule. For vacation days more than a month, there will be Re-registration fees of $300.
- ☐ For students leaving the school for vacation or permanently, one (1) calendar month prior notice in writing must be received by the school. For example for student planning to leave school from March 21st - the notice must be given by January 31, if notice is given on February 21st, entire March month fees are payable.
- ☐ No exception will be considered for this policy under any circumstances. To join the school back within same Academic Year, re-registration fees would be required.
- ☐ The Fun and Study Learning center reserves the right to add, modify and / or amend the above terms from time to time at its absolute discretion.

PAYMENT OF FEES

- Direct debit: Monthly fees are payable by direct debit from your bank account and is payable by the 5th of the month. For any delays, $5 per day late fees will be imposed. Fun and Study will charge your bank accounts by 5th of the month. _____
- Cash or check: In limited circumstances, we accept payment by check or cash with additional processing fee of $25 a month. The fees by cash/check is payable before 15th of prior month. For example, May 2025 fees are payable by April 15th, 2025. _____
- For any delays, the late charge is $5 a day. _____

DECLARATION BY PARENT OR GUARDIAN

I have read, understood and agreed to the above admission requirements, fee structure and the terms and conditions contained therein. I understand that this document forms part of the admission documentation required for admission at Fun & Study - Little Elly Preschool.

All the information set out in this application is true and accurate. The school reserves the right to vary or reverse any decision regarding the student's admission or enrollment made on the basis of incomplete, untrue or inaccurate information

Parent/Gaurdian Name & Signature.....Date:.....

For Office Use Only

Date of submission:	Enrollment no:
Registration fee:	Admission for:
Tuition fee:	Batch and Timings:
	Receipt no:
	Form processed by:

Fun & Study
THE FUN WAY OF LEARNING

Little Elly
LITTLE WORLD OF JOY...

We are excited to oker the safety, convenience and ease for on-time tuition and fee payments to be made from either your bank account .

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT

I (we) hereby authorize (business name) _____ to initiate debit entries to my (our) Checking or Savings Account, indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Please Note: Only Bank ACH payment will be accepted. If Fee is paid using Credit card, Paypal or any other means, any processing fee incurred by such means will be payable by you. Such charge will be included in next month invoice.

BANK ACCOUNT

Your Name:_____Phone:_____

Address:_____City:_____State:_____Zip:_____

Bank or Credit Union Name:_____

Bank or Credit Union Name:_____City:_____State:_____Zip:_____

Routing Transit Number (see sample below):_____

Account Number (see sample below):_____

Bank Account Holder Signature **Checking:** ☐ **Savings:** ☐

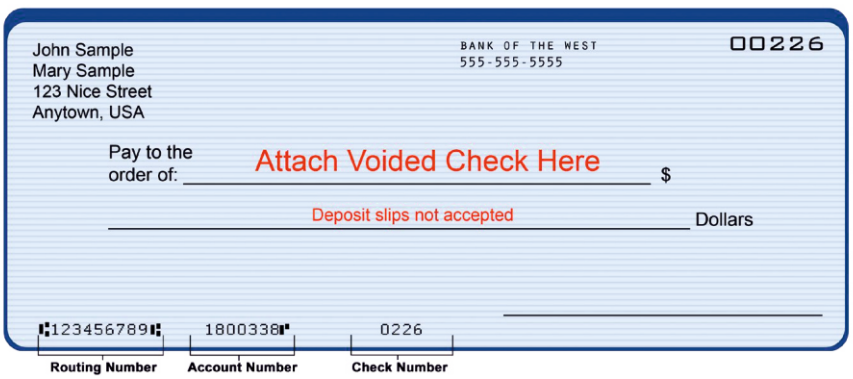
For Oi cial Use Only

Date Received

_____

Employee Signature

_____



AUTHORIZATION AND WAIVER TO TRANSPORT CHILD

Child's First Name:_____Child's Last Name:_____

Child's Date of Birth:_____

ALL CHILDREN UNDER 8 YEARS OF AGE ARE REQUIRED TO BE IN A CAR SEAT OR BOOSTER SEAT

I authorize Fun and Study LLC to transport my minor child in a company Bus/Van or Private cars, driven by an individual authorized by Fun and Study LLC. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff or volunteer. I understand participation in the identified event is not a requirement for participation in the program.

I have read, understand, and discussed with my child:

- My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel;
- My child is expected to listen to supervising staff/driver, respect sta ffand other children, the vehicles they ride in, and the people they travel with during the trip;
- Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, drivers, other drivers, or objects; and,
- My child is to remain in their seat and not be disruptive to the driver of the vehicle.

Initial Each Statement

_____ I recognize participation in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity, and I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

_____ As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Fun and Study LLC, and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

_____ I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms.

Parent/Guardian Name:_____

_____ _____

Parent/Guardian Signature Date

FUN AND STUDY LLC
MEDIA RELEASE AND WAIVER - ENROLLED CHILDREN

Photography Release Form

I give permission for my child to be photographed by school's sta ffmembers or school appointed photographers during the Academic Year and use at their discretion.

I hereby grant Fun and Study LLC permission to use my child's image in a photograph or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration. I further give permission to Fun and Study LLC, Inc. for its use in any and all of its publications, including website entries, without payment or other consideration.

I understand and agree that these materials will become the property of Fun and Study LLC, and will not be returned. I hereby irrevocably authorize Fun and Study LLC, Inc. to edit, alter, copy, exhibit, publish, or distribute the image for purposes of publicizing its programs or for any other lawful purpose.

I waive the right to inspect or approve the finishedproduct, including written or electronic copy, wherein my child's image appears. Additionally, I waive the right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless release and forever discharge Fun and Study LLC, Inc from all claims, demands, and causes of action, which I, or my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I further understand and agree that Fun and Study LLC does not have the ability to control who may have access to any such materials once they are made available by Fun and Study LLC (or any person authorized by or acting on be half of Fun and Study LLC) and I hereby release Fun and Study LLC from any liability arising out of or related to the use of the material.

I hereby certify that I am the parent or guardian of

_____

Print Child's Name_____

☐ **I do hereby give my consent without reservation to the forgoing on behalf of this person(s).**

☐ **I will not hold Fun and Study liable.**

Parent/Guardian's Printed Name_____

_____
Parent/Guardian Signature

Date_____

Fun & Study
THE FUN WAY OF LEARNING

Little Elly
LITTLE WORLD OF JOY...

DECLARATION OF MEDICAL INFORMATION

Student full Name: _____

Gender Male: ☐ Female: ☐

Health History	Yes	No
Asthma		
Bone / Joint injury		
Chronic / Recurrent Illness		
Convulsions / Fits		
Recurrent Skin problems		
Surgery		
Heart Problem		

Allergies:_____

_____

_____

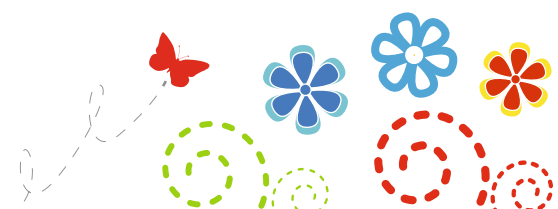
Medications	Dosage	Purpose

Provide details for 'yes' answer above:_____

_____

_____

_____



INCASE OF EMERGENCY, CONTACT

Name	Relationship to student	Telephone
1		Mobile: Home: Office:
2		Mobile: Home: Office:

Physician's Name:_____Clinic:_____

Address:_____

_____

_____

_____Contact number_____

MEDICAL INTERVENTION

I hereby give the school personnel permission to drive my child/ward to the nearest medical centre/hospital for emergency treatment and I understand that the school will do its best to inform us as soon as possible. However, if none of the emergency contact names can be reached at the time of the emergency, I authorise the school personnel to proceed with emergency treatment considered appropriate under the circumstances.

Parent/Guardian Name & Signature	Date:

Note: The school observes standard preventive protocol in the event that a child is unwell. Children are encouraged to rest at home should they be unwell. If children have any symptoms of infectious diseases, run a fever or have diarrhea while at school, parents are required to pick them up upon notifiation by the school.

DECLARATION

I hereby certify that the above information is complete and accurate. Any withheld medical information regarding the student may result in enrolment termination. I will not hold Fun and Study liable for any accident resulting from any erroneous/withheld medical information on this form and/or any other medical information given to Fun and Study. I will keep Fun and Study informed if my child/ward were to develop any medical condition

Parent/Gaurdian Name & Signature	Date:

Fun & Study
THE FUN WAY OF LEARNING

Little Elly
LITTLE WORLD OF JOY...

APPLICATION PROCEDURE

❀ Select your program

❀ **PROGRAM INFORMATION - ☐ Junior Preschool Montessori ☐ Senior Preschool Montessori**

a) Eligibility

Age Eligibility & Class Size: Parents are required to calculate age eligibility and sign below declaration

b) Settling period

- During settling period, parents will drop and pick up students to/from school and the fees are payable in full. We do not prorate fees for settling period.
- If you have opted for transportation service, pick and drop will commence when your child starts regular school after settling period.

c) Re-registration fees

- In case a student withdraws mid academic year for vacation of 1 calendar month or more and wants to rejoin in the same academic year, registration fee of $300 is payable.
- The re-registration fees are higher than new student admission fees.

d) Parents declaration

I/We, the undersigned parent(s) / legal guardian(s) of the child named above, hereby attest and confirm that:

1. **Age Requirement:** My child is currently at least **30 months (2.5 years)** of age or older as of their start date.
2. **Preschool Status:** My child is of preschool age and is not eligible to enroll into LWSD elementary School
3. **Program duration:**The program duration is 3.5 hours and does not offer full-day day care or full-day Montessori program

DECLARATION:

Parent/Gaurdian Name & Signature	Date: