

**CCMA Mission:** CCMA promotes standards of excellence in Montessori education through accreditation, support and service, and provides a unified voice for our members across Canada.

**CCMA Vision:** CCMA schools will implement an education that meets the needs of each individual child and inspires them to make the world a better place.

**2020 – 2021 CCMA Enrollment Form**

**For Applicant Schools**

***for the period of September 1st, 2020 to June 30th, 2021***

**School Name:**

**School Address:**

**Telephone:**

**Website:**

**Links to Social Media,** e.g.Facebook, Twitter etc.:

**School Location:** (Include the main street intersections and landmarks in your school’s vicinity)

**Administrator** (i. e. head of school, principal, head director or the person who is responsible for the operation of the school or institute)

**Name:**

**Title:**

**Email:**

**Other School Administrators / Designate (s): Name(s), Title(s) & Email(s):**

Whose name (s) would you like listed with your school information on the CCMA website?

An **Applicant School** shallmeet the following criteria:

Please put an “x” on each line to insure you are meeting the criteria of an Applicant school.

Flexibility will be considered in some areas due to the impact of COVID-19 this year. If this is the case, please explain in any area that has changed this year.

\_\_ Each classroom has at least one teacher who holds an age-appropriate diploma from an

AMI or MACTE accredited teacher training institute or any other teacher training
program that may be recognized by the CCMA.

\_\_ Each classroom has a basic to full range of Montessori materials as recommended by

CCMA, which offers the broad curriculum to allow for sequential learning.

\_\_ Is working toward multi-age groupings in each classroom (with a span of 1 year or more in the Toddler classroom and 3 years in the Casa and Elementary classrooms), which supports the concept that learning is a social process.

\_\_ Have a policy of admitting children to the program at the appropriate age level consistent with Montessori principles and sensitive periods for learning.

\_\_ Is working toward an uninterrupted work cycle, that is ‘age and stage’ appropriate (e.g. range
from 1 to 2 hours for Toddler; 2 to 3 hours for Casa; 2 ½ to 3 ½ for Elementary), to allow for the development of focus.

\_\_ Abides by the CCMA Code of Ethics.

\_\_ The school is actively engaged and making progress to meet the criteria for being Accredited within a certain timeframe.

\_\_ Is licensed by the appropriate Provincial Licensing Authority.

\_\_ Meets the relevant Building, Health, Safety, and Fire codes and carry appropriate
insurance.

\_\_ Is guided by the educational philosophy of Dr. Maria Montessori.

Since last year’s membership**, please list any Substantive Changes**.

Flexibility will be considered in some areas due to the impact of COVID-19 this year.

\_\_ Change of ownership

\_\_ Change of legal name of the school

\_\_ Change of legal status of the school (e.g. from not-for-profit to for-profit or vice versa)

\_\_ Adoption of a new, substantially-changed mission statement
\_\_ Change in head of school/director or announcement of head’s/director’s resignation for the
 following year

\_\_ Resignation or turnover of 50% or more of the governing body

\_\_ Addition or elimination of a class or age level

\_\_ Relocation or extension of the school

\_\_ Addition of another campus

\_\_ Merger with another school or program

\_\_ Substantial drop or increase in enrollment (by 15% or more)

\_\_ Substantial full-time faculty or administrative staff turnover (by 25% or more; 50% or more for

 Schools with 7 or fewer lead teachers)

**If you have checked any of the change in the list above. Please provide further details on each one.**

**Please indicate if your Casa/Early Childhood program operates as a:**

**\_\_ Preschool**

**\_\_ Licensed JK / SK**

**\_\_ Private School**

**\_\_ Other – please specify:**

**The school is:**

\_\_ **Privately-Owned**
\_\_ **Not-for-Profit**

**Student Number Calculation:**

*Put an “x” beside each of the programs your school offers and the number of students per program:*

|  |  |  |  |
| --- | --- | --- | --- |
| ***“x”*** | ***Programs Offered*** | **# of Full-Day Students** | **# of Half-Day****Students** |
|  | **Infant**(Ages: 12 to 18 Months) |  |  |
|  | **Toddler**(Ages: 18 Months to 3 Years) |  |  |
|  | **Casa-Early Childhood**(Ages: 2-1/2 to 6 Years) |  |  |
|  | **Lower Elementary**(Ages: 6 to 9 Years) |  | N/A |
|  | **Upper Elementary**(Ages: 9 to 12 Years) |  | N/A |
|  | **Montessori Adolescent**(Ages: 11 to 13 Years) |  | N/A |
|  | **Montessori High School**(Ages: 13 to 18 Years) |  | N/A |
|  | **Totals:** |  |  |

**Total Fee Calculation (has 3 parts):**

**a.** Base Fee + **b.** Student Number Fee + **c.** Branding/Marketing Fee **= Total Fee**

**a. Base Fee:** **$ 500.00**

**Plus $9.00 x** \_\_\_\_\_\_\_\_ (Number of Full-day students) = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Plus $7.00 x** \_\_\_\_\_\_\_\_ (Number of Half-day students) = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**b. Total Student Number Fee: = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**c. Branding/Marketing Fee:**  **=** **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***Select the Fee that Applies to the Size of Your School:***

Branding/Marketing Fee:
- Schools under 50 children - $100
- Schools from 51 to 99 children - $200

- Schools from 100 to 200 children - $300

- Schools from 200 to 300 children - $400

- Schools over 300 children - $500

**Total Fee*:***

**a.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ + b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ + c.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please indicate:**

**One- time payment in full: \_\_\_\_\_\_\_\_\_\_\_**

**If paying your membership in full, please use e-Transfer and email your payment to** **ccma@bellnet.ca**

**10 Monthly payments: \_\_\_\_\_\_\_\_\_\_\_**

**The monthly fees, using the whole amount divided by 10, will be withdrawn on the 30th of each month starting in September, 2020 and ending in June, 2021.**

**Please fill out the PAD permission form for Pre-Authorized debit payments on Page 6 of this membership form.**

**\_\_ To the best of my knowledge, the above information is true.**

**Signature: Date of Application:**

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505 Queensway East, Suite 209, Mississauga, Ontario L5A 4B4

Phone: 905-896-9094 or 1-800-954-6300

Email: ccma@bellnet.ca Web: [www.ccma.ca](http://www.ccma.ca)

**Please complete the Pre-Authorized Debit (PAD) Plan agreement below and attach a VOID cheque.**

I/we authorize the Canadian Council of Montessori Administrators and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising. Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 30th day of each month. The Canadian Council of Montessori Administrators will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until the Canadian Council of Montessori Administrators has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.payments.ca](http://www.payments.ca)

The Canadian Council of Montessori Administrators may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.payments.ca](http://www.payments.ca)

**PLEASE PRINT**

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Payments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Service: Personal \_\_\_\_ Business \_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Institution (FI):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FI Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FI Transit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Branch -5 digits; FI – 3 digits)*

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**