

Little Readers® Academy

Welcome Package 2025



Markham East **905.201.2700**
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[oxfordlearning.com](https://www.oxfordlearning.com)

Proudly Canadian



What Is The Little Readers® Program?

Oxford Learning's Little Readers® program ignites young children's passion for reading and gives them the tools they need to succeed in school. As an early indicator of academic success, strong reading skills are crucial: the sooner they're established, the better!

Little Readers® blends individual study and group activities to promote students' cognitive development and help build critical thinking and social skills. Classes have a limit of eight students per teacher to ensure each child receives individual attention from our teachers.

Little Readers is now enrolled in the CWELCC Program!

Monday to Friday

9:00 am - 3:00 pm

Monthly Fee	Little Readers Academy Price	CWELCC Price
	\$1,030.00	\$440.00

Payment options: Pre-authorized credit card, post-dated cheques, or cash.



Little Readers® Academy

Ages 2.5-6

Oxford Learning® Markham East

Welcome to our Little Readers® program!

We would like to take this opportunity to welcome you to the Oxford Learning Little Readers® Program. We look forward to being a part of your child's success and making the transition to Oxford Learning a smooth one.

- ✓ Upon registration, please bring your child's doctor's information and immunization card to complete their records.
- ✓ Parents are asked to ensure that they drop off and pick up their children on time. Children do not like to enter a class that has already started or to be the last one to leave the centre.
- ✓ Oxford Learning provides a small snack for your child during their program. If you choose to provide something different for your child, please ensure that it is a healthy, nut and allergen free snack and that it is labelled with your child's name.
- ✓ Homework is an important part of our program. It allows children an extra opportunity to build their confidence and increases their learning success. Each child has 1-2 homework books in their blue bag that is specific to their learning stage. Completing 1-2 pages per night, with help from parents, accelerates their learning.
- ✓ The Little Readers program will provide parents with mid-term and final report cards during the school year and conduct a formal interview to discuss progress and goals. Outside of these scheduled activities, we are always available to answer any questions regarding your child's work.
- ✓ As Little Readers is a tuition-based annual program, we do not offer make-up classes for days missed (this includes missed classes for illness, centre closures, or extended absences).
- ✓ In order for us to maintain the integrity of your child's program, we require four weeks' written notice to withdraw from the program before the end of the school year. These four weeks must coincide with a month end. Unused cheques will be returned to you without a penalty fee.



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Program Outline

AM		PM
9:00 - 9:10 am	Arrival & Welcome	12:30 - 12:40 pm
Entry routine (put outerwear and homework bag away, book exchange, sit on the mats for circle time)		
9:10 - 9:35 am	Circle Time	12:40 - 1:10 pm
<ul style="list-style-type: none">✓ National Anthem, Greeting (French & English)✓ Calendar activities & songs (days, months, seasons, weather, temperature, + holidays)✓ Language & math activities & songs (letter recognition, letter sounds, counting + skip counting for senior children)✓ French activities (calendar, colours and counting + alphabet for senior children)✓ Song, dance & creative play as a group		
9:35 - 9:50 am	AM Snack Time	
9:50 - 10:55 am	Work Time	1:10 - 2:15 pm
Each child works on their individualized program. Once all the workbooks have been completed (1 page per book), students earn stickers and certificates for their hard work.		
10:55 - 11:25 am	Group activity	2:15 - 2:45 pm
	PM Snack Time	2:45 - 2:55 pm
11:30 am - 12:30 pm	Lunch	
	Dismissal	2:55 - 3:00 pm



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Registration Form

Please provide all of the following information

Child Information

Last Name: _____ First/Middle Name: _____

Date of Birth(YYYY-MM-DD): _____ Start Date: _____

Address (including postal code): _____

Parent/Legal Guardian Information

Full Name: _____ Relationship to Child: _____

Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Parent/Legal Guardian Information

Full Name: _____ Relationship to Child: _____

Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

Cell Phone: _____ Email: _____



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Registration Form

Please provide all of the following information

Emergency Contact #1 (not parent/legal guardian) Information

Full Name: _____ Relationship to Child: _____

Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact #2 (not parent/legal guardian) Information

Full Name: _____ Relationship to Child: _____

Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Persons allowed to pick-up



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Medical Information and Health History Form

Child's Physician: _____ Phone Number: _____

Address (with postal code and unit number):

Please provide any information about your child's medical needs, medications, or dietary restrictions that may require special attention.

Allergies:

Medications:

Dietary Restrictions:

Other Concerns:

Has your child had any communicable diseases in the last twelve months? YES NO

If yes, please provide details below:

Please provide the most recent copy of your child's immunization record.

For Little Readers Academy use:

☐

Received

☐

Pending



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Policies

- ✓ **Make-Up Classes:** As the time slot is reserved specifically for your child, there are no make-ups offered for Little Readers. Regular attendance is necessary to allow newly won skills to become fully developed and reinforced. Please make every attempt to have your child attend each and every scheduled session.
- ✓ **Termination Agreement:** To help us maintain the integrity of your child's program and meet CWELCC reporting standards, **we require four (4) weeks' written notice of withdrawal** from the Little Readers program. Withdrawals must align with the end of a calendar month.
- ✓ **Picking Up and Dropping Off:** Oxford Learning personnel cannot assume responsibility for Little Readers upon their arrival prior to their class or when they leave the centre after their class. It is the parents responsibility to accompany their child to and from the centre lobby. Parents must accept full responsibility for their child before and after the scheduled class time. Students are welcomed into the Little Readers area at 9:00am and **must be picked up within five minutes of the end of class at 3:00pm.**
- ✓ **Early Pick Up:** Please provide a written notice or send an email to an Education Coordinator if your Little Reader will be leaving early. This will ensure that your child is ready to leave at the appropriate time.
- ✓ **Late Arrival/Absence:** Please call or email the centre before 10:00am the day of to inform an Education Coordinator of late arrival or absence.
- ✓ **Persons Allowed to Pick Up Your Child:** Only persons named on your child's Contact Card will be allowed to pick up your Little Reader. If someone not on the list will be picking up, please provide us with a written note or email with the person's full name and the specific date or call and speak directly with an Education Coordinator. A photo I.D. will be required.
- ✓ **Bagged Lunch:** Parents/Guardians are responsible for sending their child with a healthy, well-balanced, nut and allergen free lunch.
- ✓ **Toileting:** Oxford Learning is not licensed as a diaper changing facility. If a child who is not yet toilet trained requires a change, a parent or guardian will be contacted to pick up the child for changing. Once changed, the child is welcome to return to the centre to continue their session.



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Policies

- ✓ **Illnesses:** If your child is not well enough to fully participate in the Little Readers program, please keep them at home. If your child should become ill during the Little Readers session, we will contact you and request that you come pick up your child. If we cannot contact a parent, the emergency contact person named on the Contact Card will be contacted. If your child had a fever, diarrhea, or is vomiting, **please keep them home for at least 24 hours** from the incident.
- ✓ **What to Bring:** Please ensure that your child has a change of clothes at all times. This can be kept at the centre or in their backpack. Please bring indoor shoes for your child to wear during fall and winter. Little Readers will come into the Little Readers area with their Blue Homework Bag. Please send your child with a water bottle and lunch bag. Please ensure **all items are labelled**.
- ✓ **Home Program:** All students will receive a Blue Homework Bag, have access to our lending library, and have a booklet to work on at home. The Little Readers teacher and management team are happy to discuss fun and effective ideas to complete at home to supplement the home booklets.
- ✓ **Closures:** There will be no classes during Winter Break (exact dates subject to change based on calendar year) and all Statutory Holidays.
- ✓ **Outbreak/Pandemic Policy:** Little Readers Academy will strictly adhere to directive from the Government and Health Departments. We will also take direction from our parent handbook and policies that are available to families at all times. In the event of a forced closure, the program will continue on an online platform.
- ✓ **Shared Album Consent:** A Google Photos album will be available with photo's of your child. Access will only be granted to a parent/legal guardian's Google account.

I/We understand and agree to the above policies

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



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Payment Agreement

Student's Name: _____ Date: _____

1. Fees are based on a monthly CWELCC tuition.
2. Monthly tuition fees must be paid in advance of classes being rendered each month. Classes may not be extended past five calendar days for overdue accounts.
3. In return for services provided, I agree to pay Oxford Learning Markham East Monthly Tuition Fees on the first of the month

Payment Options:

☐ Credit Card

I hereby authorize Oxford Learning Markham East to charge my credit card on the 1st day of each month.

☐ Post-dated Cheques

Please provide post-dated cheques dated the first of the month, starting from the month of joining until 12 months after.

☐ Cash

Payment by cash is due on the 1st day of each month. I understand that if payment is not received, my credit card will be charged the next day. A credit card must be provided, but will not be charged unless monthly fees have not been paid for five days.

Credit Card Information:

Type of Credit Card: _____

Credit Card Number: _____

Cardholder's Name (as it appears on card): _____

Cardholder's Full Address: _____

Cardholder's Primary Phone Number: _____

Cardholder's E-mail Address: _____

Expiry: ____ / ____ CVC: _____

I/We have read and understood all the terms of this payment agreement.

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Parent/Guardian Signature: _____

Date: _____ Date: _____



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Permission to Photograph & Authorization to Release Photographs

Dear Oxford Learning,

I understand that photographs may be taken of my child while at Oxford Learning Markham East.

I understand that photographs may be displayed within the Learning Centre.

I understand that photographs may be sent to Head Office to be used in marketing materials such as print ads, television ads, brochures, newsletters, videos, social media, and the website. Photographs include still pictures and/or videos.

I understand that pictures may be taken with no promise or expectation of value in return.

I understand that it is my responsibility to update this form in the event that I no longer wish to have my child's image used for any of the above purposes.

I acknowledge and give permission for Oxford Learning Markham East to photograph my child for the purposes described above.

Name of Student

Name of Parent/Guardian (please print)

Parent/Guardian Signature

Date

☐ Check here if permission is NOT granted.

Complete and keep original copy in client's file.