

APPLICATION FORM

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|--------------------|------|-------|
| START DATE: | | |
| Month: | Day: | Year: |

| | |
|---------------------------------------|-----------------------------|
| INFANT PROGRAM: (Birth to 1 ½) | |
| | 2 Full Days (Tue, Thu) |
| | 3 Full Days (Mon, Wed, Fri) |
| | 5 Full Days |

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|--|---|
| TODDLER PROGRAM: (1 ½ to 2 ½ years) | |
| | 2 Full Days (Tue, Thu) |
| | 3 Full Days (Mon, Wed, Fri) |
| | 5 Full Days |
| | 5 Mornings With Lunch (Pick up at 12:00 P.M.) |

| | | | |
|---------------------------------------|--|--|--------------------|
| CASA PROGRAM: (2 ½ to 6 years) | | | |
| | 2 Full Days (Tue, Thu) | | Nap Time Requested |
| | 3 Full Days (Mon, Wed, Fri) | | Nap Time Requested |
| | 5 Full Days | | Nap Time Requested |
| | 5 Mornings (Pick up at 11:45 A.M.) | | |
| | 5 Mornings With Lunch (Pick up at 12:30 P.M.) | | |
| | 5 Afternoons (Drop off at 1:00 P.M.) | | Nap Time Requested |
| | 5 Afternoons With Lunch (Drop off at 12:00 P.M.) | | Nap Time Requested |

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|------------------------------|---------------------------------|
| AFTER SCHOOL PROGRAM: | |
| | 5 Days (3:30 P.M. to 6:00 P.M.) |

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| EXTENDED HOUR: | |
| | 5:00 P.M. to 6:00 P.M. For Full Day or Afternoon Programs Only |

CHILD'S PERSONAL INFORMATION:

| | |
|---|---|
| Child's Last Name | |
| Child's Given Names (underline name used) | |
| Date of Birth | Month Day Year |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Home Address | |
| City, Province, Postal Code | |
| Home Telephone Number | |
| Name of Last School Attended | |
| Languages Spoken at Home | |

MEDICAL INFORMATION:

| | |
|--|--|
| Child's Health Card Number | |
| Name of Child's Physician | |
| Physician's Address | |
| City, Province, Postal Code | |
| Physician's Telephone Number | |
| Immunization is Attached | Yes <input type="checkbox"/> No <input type="checkbox"/> Reasons, if no |
| List Child's Allergies | |
| Does your child have any special dietary/rest/exercise requirements? | |
| Does your child have any special physical, cognitive/ social or emotional needs? | |
| History of Communicable Diseases | |

| FAMILY INFORMATION: | | |
|-----------------------------|--|------------------------|
| | Mother/Guardian | Father/Guardian |
| Title (Circle one) | Mrs. Ms. Dr. Other: | Mr. Dr. Other: |
| Last Name | | |
| First Name | | |
| City, Province, Postal Code | | |
| Home Telephone Number | | |
| Cell Telephone Number | | |
| Email Address | | |
| Employer Name | | |
| Work Address | | |
| City, Province, Postal Code | | |
| Work Telephone Number | | |
| Marital Status | Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> <input type="checkbox"/> Person with custodial rights: Custody papers available <input type="checkbox"/> | |
| Applicant lives with | Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> | |
| Siblings | | |
| Name(s) | | |
| Age(s) | | |
| Gender | | |

EMERGENCY AND CHILD PICK-UP INFORMATION:

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|--|-----------|--------------|
| Name of contact person in the event of an emergency: (Other than Parents) | | |
| Name | Telephone | Relationship |
| | | |
| | | |
| People allowed to pick-up child from the school other than Parents: | | |
| Name | Telephone | Relationship |
| | | |
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The following terms of admission apply to enrolment at Montessori Start Inc.

- Upon admission, the parent has reviewed, agrees to comply with policies as set out in the PARENT HANDBOOK
- Parent has signed and submitted the Parental Authorization for Medical Attention and Treatment form.
- All payments must be received as per the ADMISSION PROCEDURE
- A charge of \$50. will be applied to all returned cheques
- After two (2) returned payments or payments in arrears, subsequent tuition payments must be made in cash, certified cheque or bank draft.
- In the event of withdrawal, sixty (60) days written notice must be submitted at which time remaining payments beyond the 60 days will be returned to the parent with the exception of the registration fee and deposit which remain non-refundable.
- The undersigned understands that enrolment at Montessori Start Inc. includes the 10 month academic year from September to June or the remainder of the school year after the initial start date.
- The school is closed for statutory holidays, Winter Break and March Break. Attendance at Winter camp, March Break camp, and Summer Camp is optional at an additional fee.
- The undersigned understands that during the child’s daily activities at school, injuries may occur and agrees to release and indemnify Montessori Start Inc. from any and all claims and damages arising as a result of any accident, injury or incident involving the enrolled child as a result of his/her participation in any school activities that are not caused by a direct negligent act/omission of Montessori Start Inc. or any of its staff.
- Montessori Start Inc. reserves the right to exclude any child from attendance, temporarily or permanently, who is deemed by the Principal to be interfering with the health, safety, and educational development of him/herself or any other child in the school. If your child is asked to withdraw, the initial deposit and registration fee will be retained by Montessori Start Inc.
- Montessori Start Inc. reserves the right to terminate services if above conditions are not met.

Name of Parent or Guardian: _____
(Please print)

Date (month/day/year)

Parent or Guardian Signature

THANK YOU FOR SELECTING MONTESSORI START INC.