

# GLOBAL MONTESSORI DAY NURSERY PRIVATE ELEMENTARY SCHOOL ENROLMENT FORM

## STUDENT INFORMATION SCHOOL YEAR \_\_\_\_\_

Legal Name – Family Name, First Name and Middle Name	Name to be used in school
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Date of Birth _____ / _____ / _____ <small>Year      Month      Day</small>	Program <span style="float: right;">Extra: <input type="checkbox"/> After School    <input type="checkbox"/> Before School</span> <input type="checkbox"/> Toddler <input type="checkbox"/> Pre-School <input type="checkbox"/> JK/SK <input type="checkbox"/> Morning Program 7:00– 12:30) <input type="checkbox"/> Afternoon Program (12:00 – 6:00) <input type="checkbox"/> Full Day (9:00-3:00) <input type="checkbox"/> Full Day (7:00-6:00) <input type="checkbox"/> 2 Full Day(7:00-6:00) <input type="checkbox"/> 3 Full Day(7:00-6:00)
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Age: _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F	Language(s) spoken at home:
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Street #	Street Name	Apt. #
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City - Province	Postal code	Email:
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Home Telephone No.	Citizenship Status	Starting Date
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Applicant lives with (please check all that apply)

Father     Mother     Both Parents     Stepfather     Stepmother     Guardian/Other:  
 Parents Divorced/Separated     Father Deceased     Mother Deceased

## PARENT/GUARDIAN INFORMATION

FIRST PARENT/GUARDIAN		SECOND PARENT/GUARDIAN	
Relationship		Relationship	
Title (Mr./Mrs./etc/)		Title (Mr./Mrs./etc/)	
Name (Family Name, First Name, Middle Name)		Name (Family Name, First Name, Middle Name)	
Street #	Apt. #	Street #	Apt. #
Street Name		Street Name	
Town/City	Province	Town/City	Province
Home Telephone No.	Postal Code	Home Telephone No.	Postal Code
Business Name and address:		Business Name and address:	
Profession		Profession	
Business Telephone No.	Extension No.	Business Telephone No.	Extension No.
Cell phone No.	Pager No.	Cell phone No.	Pager No.

## EMERGENCY INFORMATION

Student's Name (Last Name, First Name)

Medical Problems/Allergies/Dietary Restrictions

Does your child take any medication on a regular basis?  No  Yes, if yes, please state particulars.

Emergency Comment

Doctor's Name

Doctor's Telephone No.

Doctor's Address

**1<sup>st</sup> Emergency Contact Name (Not Parent or Guardian)**

Relationship

1<sup>st</sup> Emerg. Contact Home Telephone No.

1<sup>st</sup> Emerg. Contact Business /Cell Phone No.

1<sup>st</sup> Emerg. Address

**2<sup>nd</sup> Emergency Contact Name (Not Parent or Guardian)**

Relationship

2<sup>nd</sup> Emerg. Contact Home Telephone No.

2<sup>nd</sup> Emerg. Contact Business /Cell Phone No.

2<sup>nd</sup> Emerg. Address

**Sitter/Caregiver Name**

Address

Sitter/Caregiver Home Telephone No.

Sitter/Caregiver Business Telephone No.

Sitter/Caregiver Cell Phone No.

## IMMUNIZATION RECORD

Separate copy attached

The student's **CURRENT** immunization information is compulsory. A copy of the student's immunization record is requested, if not already submitted to the school.

## STUDENT HISTORY

Name of Previous School/Daycare

Date Last Attended Previous School/Daycare

Previous School/Daycare Address

Previous School/Daycare Telephone No.

Do you want your child to have a nap?

Morning  Afternoon  Morning and Afternoon  None

Please specify any social, emotional or medical problems that the School should be aware of.

Does your child have any siblings? If yes, please specify name, age and gender.

How did you hear about Global Montessori and Day Nursery (check all that apply)?

Flyer  Newspaper Ad  Internet  Referral  Signage  Other \_\_\_\_\_

## MEDICAL WAIVER

I, \_\_\_\_\_, the parent of \_\_\_\_\_ understand that in the event of illness or an accident occurring to my child, Global Montessori and Day Nursery will make every attempt to contact me and/or other parent. If, however, I or other parent cannot be reached, I hereby give Global Montessori and Day Nursery, its Directors, Officers, Agents and Employees authority to act on my behalf in case of an emergency and to take appropriate steps to seek medical attention/have a doctor attend to my child.

I also agree to release and indemnify Global Montessori and Day Nursery, its Directors, Officers, Agents and Employees from any and all claims for damages arising from an injury or otherwise related actions to my child as a result of any accident, illness, injury or for any other reason arising from participation in any school activities.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PERMISSION TO PARTICIPATE IN FIELD TRIPS

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
(Print name of Parent/Guardian) (Print name of Child)  
give permission for my child (stated above) to participate in any field trips/events which take place out of school. I understand that I will be notified in writing prior to any event and that my written permission must be given on each occasion.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PERMISSION GRANTED TO LEAVE SCHOOL PREMISES

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
(Print name of Parent/Guardian) (Print name of Child)  
give permission for my child (stated above) to participate in walk with his/her classmates and teacher(s).

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PHOTOGRAPHIC WAIVER

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
(Print name of Parent/Guardian) (Print name of Child)  
permit Global Montessori and Day Nursery to use my child's photograph for in-school use only.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## TERMS OF CONTRACT

1. A registration fee of \$50.00 per Year, must be paid by all new applicants, on registration, and is non-refundable.
2. Acceptance of an application will be confirmed in writing.
3. An amount totaling two months tuition fee must be paid at the time of registration or re-enrolment.
4. Notice of withdrawal of a student from Global Montessori and Day Nursery must be given 30 business days prior to the date of withdrawal.
5. No fees will be refunded retroactively for days absent from school, regardless of the nature of the absence.
6. All fees become non-refundable after March 31<sup>st</sup> of the school year in the child is attending Global Montessori and Day Nursery. All fees must be paid in full after the above date.
7. All payments must be made on the dates specified depending on the Payment Option chosen.
8. The name of the child must be indicated on all methods of payment.
9. A charge of \$35.00 will be applied to all N.S.F. payments.
10. Global Montessori and Day Nursery reserves the right to dismiss any student that poses a threat, for any reason, to other students or staff. Any perceived incident that poses potential harm could be deemed reason for immediate withdrawal of service.
11. There will be an additional charge of \$1.00 per minute for any time a staff must remain with a child after the agreed upon dismissal time.
12. Global Montessori and Day Nursery does not provide transportation service.

## ACCEPTANCE OF TERMS AND CONDITIONS

I have duly completed and read this contract and hereby accept all terms and conditions set out therein.

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Name of Administrator: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_

Date: \_\_\_\_\_