

APPLICATION FORM

To enroll your child, the following must be submitted:

1. Completed Application Form
2. Registration Fee: \$200.00 (current date; non-refundable)
3. One month's tuition (current date; to be applied to your child's last month at Humberside Montessori School).

For Office Use Only

Date Received: _____

Application Year: _____

Requested Start Date: _____

Level: _____ Year: _____

Age at Requested Start Date: ____ yrs. ____ mos.

STUDENT INFORMATION

FIRST NAME _____ LAST NAME _____

DATE OF BIRTH ____ / ____ / ____
(mm) (dd) (yyyy)

MALE

FEMALE

ADDRESS

(Street) (Apt.)

(City) (Postal Code)

TELEPHONE _____ LANGUAGE(S) SPOKEN AT HOME _____

PARENT INFORMATION

MOTHER

FIRST NAME _____

LAST NAME _____

EMPLOYER _____

OCCUPATION _____

BUSINESS PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

ADDRESS IF DIFFERENT FROM CHILD'S ADDRESS

(Street) (City) (Postal Code) (Telephone)

FATHER

FIRST NAME _____

LAST NAME _____

EMPLOYER _____

OCCUPATION _____

BUSINESS PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

ADDRESS IF DIFFERENT FROM CHILD'S ADDRESS

(Street) (City) (Postal Code) (Telephone)

Please select the applicable Montessori Program plus any Optional Programs

MONTESSORI PROGRAM (Half-day: 8:45 a.m. – 11:45 a.m. / Full-day: 8:45 a.m. – 3:30 p.m.)

<input type="checkbox"/> Primary (Casa) 2 ½ - 3 ½ years (Half Day)	<input type="checkbox"/> Elementary 6 – 9 years (Full Day)
<input type="checkbox"/> Primary (Casa) 3 ½ - 6 years (Full Day)	<input type="checkbox"/> Elementary 9 – 12 years (Full Day)
	<input type="checkbox"/> Adolescent 12 – 14 years (Full Day)

OPTIONAL PROGRAMS

<input type="checkbox"/> Before-School Program (7:30 a.m. – 8:45 a.m.) <input type="checkbox"/> After-School Program (3:30 p.m. – 6:00 p.m.) <input type="checkbox"/> Hot Lunch Program (available to <u>full-day</u> Casa students only)	<input type="checkbox"/> Bus Transportation <ul style="list-style-type: none"> <input type="radio"/> Home pick-up (7:00 a.m. – 9:00 a.m.) <input type="radio"/> Home drop-off (11:45 a.m. – 1:00 p.m.) <input type="radio"/> Home drop-off (3:30 p.m. – 5:00 p.m.) <input type="radio"/> Home drop-off (4:15 p.m. – 6:00 p.m.)
--	---

Does your child have any special requirements regarding rest, exercise, diet (allergies, restrictions, religious dietary restrictions)? Is there anything else you would like to bring to our attention:

Parent's signature: _____ *Date:* _____

Note: *If your child has an allergy, please bring in a current photo as well as a completed allergy information form. (Available at the office)*

STUDENT MEDICAL INFORMATION

NAME	HEALTH CARD NUMBER
-------------	---------------------------

List any food or other allergies and describe the type of reaction or symptom (i.e. rash, swelling, convulsions etc.)

List any pertinent health needs or conditions of your child such as lengthy illness, vision / hearing problems, or regular medication including name of drug, reason and dosage details.

***Note:** If your child has an allergy, please bring in a current photo as well as a completed allergy information form. (Available at the office)*

CHILD’S DOCTOR INFORMATION	CHILD’S DENTIST INFORMATION
NAME	NAME
ADDRESS	ADDRESS
TELEPHONE	TELEPHONE

EMERGENCY CONTACT PERSONS

CONTACT 1	CONTACT 2
NAME	NAME
RELATIONSHIP TO CHILD	RELATIONSHIP TO CHILD
HOME PHONE	HOME PHONE
WORK PHONE	WORK PHONE
CELL PHONE	CELL PHONE

PERMISSION TO RECEIVE EMERGENCY MEDICAL CARE

I, _____, parent of _____, understand that in the event of an accident or illness occurring to my child, the school will make every attempt to contact me or my spouse. If however, I or my spouse cannot be reached, I hereby give Humberside Montessori School, its Directors, Officers, Agents, and Employees authority to act on my behalf in case of emergency and to take appropriate steps to have my child’s physician, other physician, or paramedic attend to my child.

Signature

Date

PERMISSION TO PARTICIPATE IN SCHOOL ACTIVITIES AND GO ON OUTINGS

I, _____, parent of _____, hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school and to take part in any out-of-school events under the supervision of a staff member for neighbourhood walks or field trips in an authorized vehicle. In addition, “Going Out” is an important part of the Elementary Montessori Program involving small groups of children who plan and execute excursions into the neighbouring community. Walking or utilizing public transportation if necessary and accompanied* by a staff-appointed chaperone, “Going Out” experiences allow children to participate and explore our social and cultural society in relationship to school-related projects and activities.

Signature

Date

**Consultation with parents of children in the Elementary 9-12 level will determine if their child may leave school premises un-chaperoned.*

PERSON(S) TO WHOM CHILD MAY BE RELEASED

I, _____, parent of _____, hereby give authorization for the following person(s) to pick up my child from Humberside Montessori School in my absence.

Signature

Date

Name	Relationship	Home Phone	Work Phone

Please comment on the level of development that your child demonstrates in the following areas:

Independence (*physical ability to manipulate clothing, desire to care for himself/herself, ability to verbalize needs etc.*)

Socialization (*ability to understand and obey limits, and control behavioural impulses, responsibility and helpfulness around the home and with younger siblings etc.*)

Initiative (*demonstrates the ability to initiate activities independently versus a need to be entertained etc.*)

List the name and address of the school or daycare most recently attended by your child and/or if your child had a nanny.

Why have you chosen Montessori education for your child?

How did you learn of Humberside Montessori School?

List in order of importance, the reasons that most influenced your decision to enrol your child with Humberside Montessori School.

1.

2.

3.

4.

5.

TERMS OF CONTRACT

1. A child will be accepted into the school when a completed and signed enrolment form as well as the deposit for the last month's fees and post-dated cheques for the full school year have been submitted.
2. All new applicants must pay a \$200.00 non-refundable registration fee.
3. The last month's deposit is non-refundable after April 1st.
4. There are no refunds or deduction in fees for days the school is closed, holidays, sick days, or mid-month withdrawals throughout the school year.
5. Written notice of a student's withdrawal must be received one month in advance of the intended date of withdrawal. Post-dated cheques will be returned, and unused pre-paid tuition will be refunded less the pro-rated time of attendance based on the regular monthly fee.

I understand and agree to abide by the terms of this contract and to comply with the rules and regulations of Humberside Montessori School.

Name of Parent or Guardian _____
(please print)

Signature _____ **Date** _____