



Application Form

ENROLLMENT APPLICATION

Thank you for choosing Montessori Casa Dei Bambini.

Admission Procedure:

- 1) Please sign and date this application after completing all pages.
- 2) We require the following to be included with your application:
 - a) A recent photograph of your child
 - b) Chosen payment and all accompanying installments (please see our Fee Schedule)
 - c) A copy of your child's most recent progress report (if the student is transferring from another school)

All tuition payments must be made by cheque on installment plans and post-dated cheques must be submitted with the registration. All registration paperwork must be completed and all post-dated cheques must be received before enrollment can be confirmed.

A minimum of 30 days written notice is required for the permanent withdrawal of a child for any reason. Montessori Casa Dei Bambini will return all outstanding post-dated cheques for tuition fees. A processing fee of \$50 will be charged for all NSF cheques. Interest will be charged at the rate of 2% per month of 24% per annum on all overdue accounts. Any defaults in payments may result in the expulsion of your child from Montessori Casa Dei Bambini.

There is no reduction in monthly fees due to absenteeism, professional activity days, school closure (due to inclement weather) and/or holidays. We strongly suggest that parents make alternative care arrangements well in advance for their child so that they are prepared for their child's illness, P.A. days and in case of school closure.

Montessori Casa Dei Bambini reserves the right to accept or reject the enrollment of any child after consultation with the Parent(s) / Guardian(s) and teacher if this action will benefit the child, classroom, or school as a whole.

As a condition of acceptance at Montessori Casa Dei Bambini, it is understood that the rules and regulations of the school will be observed.

Student Information

First Name: _____	Last Name: _____
Birthdate (D/M/Y): _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Street Address: _____	
City / Town: _____	Postal Code: _____
Home Phone: _____	Does your child have a nanny? Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous School / Daycare: _____	

Family Information

Mother/Guardian:

First Name: _____ Last Name: _____

Home Street Address: _____

City / Town: _____ Postal Code: _____

Home Phone: _____ Cellular Phone: _____

Business Name: _____

Occupation: _____

Business Street Address: _____

City / Town: _____ Business Tel. & Ext.: _____

Father/Guardian:

First Name: _____ Last Name: _____

Home Street Address: _____

City / Town: _____ Postal Code: _____

Home Phone: _____ Cellular Phone: _____

Business Name: _____

Occupation: _____

Business Street Address: _____

City / Town: _____ Business Tel. & Ext.: _____

Are there any custody concerns or legal arrangements we should know about? Yes No
(If yes, please attach legal documentation).

Family Information Continued

Sibling(s):

1) First Name: _____ Last Name: _____

Age: _____ Daycare / School Attending: _____

2) First Name: _____ Last Name: _____

Age: _____ Daycare / School Attending: _____

3) First Name: _____ Last Name: _____

Age: _____ Daycare / School Attending: _____

4) First Name: _____ Last Name: _____

Age: _____ Daycare / School Attending: _____

Release Authorization

Person/people to whom child may be released:

1) First Name: _____ Last Name: _____

Relationship to Child: _____ Home Telephone: _____

Cellular Phone: _____ Business Tel. & Ext.: _____

2) First Name: _____ Last Name: _____

Relationship to Child: _____ Home Telephone: _____

Cellular Phone: _____ Business Tel. & Ext.: _____

3) First Name: _____ Last Name: _____

Relationship to Child: _____ Home Telephone: _____

Cellular Phone: _____ Business Tel. & Ext.: _____

4) First Name: _____ Last Name: _____

Relationship to Child: _____ Home Telephone: _____

Cellular Phone: _____ Business Tel. & Ext.: _____

Registration Details

Please indicate (check all that apply) the program(s) you are enrolling your child in:

- 8:30 a.m. – 11:30 a.m. 8:30 a.m. – 3:30 p.m.
- Before School Program (7:30 a.m. – 8:30 a.m.)
Please provide specific drop-off time if necessary: _____
- After School Program (3:30 p.m. – 6:00 p.m.)
Please provide specific pick-up time if necessary: _____

Additional Information

Why have you chosen Montessori education for your child?

How did you learn about Montessori Casa Dei Bambini?

I / We do do not authorize Montessori Casa Dei Bambini to use my / our child's name and photo for school advertising.

I / We have read, understand and agree to abide by the terms and provisions of the admission information, current schedule of fees and the release / indemnity agreement / declaration.

Signature of Parent / Guardian: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

Emergency Information and Health History Form

Student Information

First Name: _____ Last Name: _____

Birthdate (D/M/Y): _____ Gender: Male Female

Health Card Number: _____

Priority Sequence of Calls in an Emergency Situation

1) First Name: _____ Last Name: _____

Relationship to Child: _____ Home Phone: _____

Cellular Phone: _____ Business Tel. & Ext.: _____

2) First Name: _____ Last Name: _____

Relationship to Child: _____ Home Phone: _____

Cellular Phone: _____ Business Tel. & Ext.: _____

3) First Name: _____ Last Name: _____

Relationship to Child: _____ Home Phone: _____

Cellular Phone: _____ Business Tel. & Ext.: _____

4) First Name: _____ Last Name: _____

Relationship to Child: _____ Home Phone: _____

Cellular Phone: _____ Business Tel. & Ext.: _____

Medical History

Physician's Name: _____

Office Street Address: _____

City / Town: _____ Postal Code: _____

Office Phone: _____

a. Does your child have a condition or behaviour that would require extra attention, medication or a special diet? If yes, please explain:

b. Does your child suffer from any allergies (food, medication, etc.)? _____

c. Please specify symptoms of allergic reaction and any special care needed:

d. Is your child anaphylactic? _____

e. Is your child asthmatic? _____

f. Does your child wear glasses? _____

g. Has your child ever had an eye examination? _____

I / We hereby grant permission for the Operator, or Designate of this child care centre to take whatever steps are necessary to obtain emergency medical care if warranted.

These steps may include, but are not limited to, the following: (1) Attempt to contact a parent or guardian; (2) Attempt to contact the child's physician; (3) Attempt to contact an emergency contact person.

If we cannot contact any of the above people we will do any or all of the following:

(1) Call another Physician; (2) Call an ambulance; (3) Have your child taken to the emergency department of the hospital, in the company of a staff member.

Any expenses incurred under the circumstances listed above will be borne by the child's family.

Montessori Casa Dei Bambini will not be responsible for any incident that may occur as a result of false information given at the time of enrollment.

Signature of Parent / Guardian: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

Witness: _____ Date: _____

Immunization Record

Parent / Guardian Name: _____

Parent / Guardian Name: _____

Child's Name: _____

Street Address: _____

City / Town: _____ Postal Code: _____

Home Phone: _____ Birthdate (D/M/Y): _____

Gender: Male / Female _____ Health Card Number: _____

Under the Nurseries Act, Section 33, in order to attend Ontario Child Care Facilities, children must have proof of immunization against diphtheria, pertussis (whooping cough), tetanus, polio, haemophilus b and measles, mumps and rubella. Immunization against measles, mumps and rubella must be given AFTER their first birthday.

Please complete the record on the back of this form (enclose a copy of the child's immunization record if possible) and return to the operator of Montessori Casa Dei Bambini, prior to admission.

Call the immunization Team at 905-895-6212 or 1-877-794-1880 if:

- a) This child needs an exemption from immunization against any disease listed for medical, religious or conscience reasons, or
- b) This child does not have an immunization record, or
- c) You have any questions about this form.

Collection of this information is authorized under the Day Nurseries Act, 1990. This information is used by the Medical Office of Health to maintain an immunization record on this child and take appropriate action to prevent certain vaccine-preventable diseases in the health unit. For further details concerning this collection, contact the Freedom of Information Coordinator at the Region of York: 905-895-1231.



Medical / Treatment Record for Emergencies or Special Circumstances

To be completed by Parent / Guardian for all emergency medications and treatments.
One medication / treatment per form.

Medical Information

First Name: _____ Last Name: _____

Condition: _____

Medication Name: _____

Dosage: _____

Description: Liquid Inhalant

Other (Please Specify): _____

Storage Instructions: _____

When does the child need medication? _____

Administering Instructions: _____

I release Montessori Casa Dei Bambini and its employees from any liability, however caused, arising out of administering, or failure to administer, the medication provided herein.

Signature of Parent / Guardian: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____



Parental Permission for Out of School Events

I hereby give permission for my child to participate in the out-of-school events and activities during the school year.

Parents please note: prior to each outing, safety procedures are discussed with the children. If there are any problems that may affect the comfort or well-being of your child, please give full details in writing and contact the office to discuss it.

Signature of Parent / Guardian: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

Release / Indemnity Agreement / Declaration

The subject of this agreement is _____, herein referred to as 'my child'.

I, the undersigned, agree that in the event that I cannot be reached at the time of illness or accident, or if the emergency is such that time does not permit such contact, Montessori Casa Dei Bambini is authorized to secure proper treatment for, order injections for, or provide ANY TREATMENT prescribed by the physician caring for my child, as well as arrange transportation to the Emergency Department of the nearest hospital, with no liability on the part of the drivers, or Montessori Casa Dei Bambini and its employees. I hold Montessori Casa Dei Bambini, their agents and employees harmless from any and all claims, damages, or liabilities for injuries to my child that are not the result of negligence of this school, their agents or employees, or are entirely beyond the control of this school, their agents or employees.

I / We have read and fully understand all of the above:

Signature of Parent / Guardian: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____