



First Academy Montessori School

Dear Parents,

Thank you for enrolling in our program. **Please read and fill out each area of the registration package and return it a Week before starting date to all necessary paper work and classroom preparations can be done before your child starts the program.**

Upon completion of the registration forms, we will email you a parent handbook. Please become familiar with this book as it contains important information about our policies and procedures.

If you have any questions, please do not hesitate to call us at any time: (905) 479-6904

The following items need to be received before your child starts in our program:

1. Completed Registration package
2. Photocopy of Health card & Immunization Record
3. Registration fee
4. Security deposit (one-month fee)
5. Post-dated cheques for the remainder of the program time

Please make cheques payable to **First Academy Montessori**

Thank you,

Sadaf Asim
Supervisor



First Academy Montessori School

Registration Form 2019-2020

Application Date: _____

Class:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Child's Name:	_____	Preferred Name: _____
	First	Last
Date of Birth (D/M/Y):	Age:	
Home Address:	City:	Postal Code:
Health Card Number:	Expiry Date (DD/MM/YY):	
Previous Childcare provided by:	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Private home care <input type="checkbox"/> Licenced Child Care	
Name of Parents or Guardians (Mother) :		
Address (if different from child):		
Contact Information: HOME :	WORK :	CELL:
Email address:		
Work address:	City:	Postal Code (X#X#X#):
Name of Parents or Guardians (Father):		
Address (if different from child):		
Contact Information: HOME:	WORK:	CELL:
Email address:		
Work address:	City:	Postal Code (X#X#X#):
Medical Information:		
Doctor's name:	Doctor's number:	
Doctor's address:	City:	Postal Code (X#X#X#):
Does your child have allergies or dietary restrictions?		
<input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:		
Does your child require an epi-pen? <input type="checkbox"/> Yes, Please complete anaphylaxis forms <input type="checkbox"/> No		
Persons other than the parents allowed to pick up the child from school including emergency situations. (In Case of emergency our first priority is to call parents, if unavailable)		
EMERGENCY CONTACTS:		
1. Name:	Relationship to child:	
HOME TEL:	CELL TEL:	WORK TEL:
Address:		
2. Name:	Relationship to child:	
HOME TEL:	CELL TEL:	WORK TEL:
Address:		



First Academy Montessori School

A bit about your child:

Please tell us About your child: (Please check all that apply)

Is your child Outgoing Shy Adaptable Struggle with changes

Is Your child Very active Cooperative Accepts limits Difficult to deal with

Is your child Highly sensitive to stimuli Calm Anxious

Does your child Prefers to play alone Play with other children Play beside other children

Please Describe your child's Communication skills

Non-Verbal Uses word Uses phrases Uses Sentences

Self- Helping Skills

Dressing: Self Assisted Comments: _____

Toileting: Self Assisted In Diapers In pullups Comments: _____

Feeding: Self Assisted Particular eater Comments: _____

Napping: Does not Nap Usually Naps Average length: _____

Self- Regulation: Able to calm His/her self Needs Help Needs time

Comments: _____

Languages spoken at home: _____

Does your child have any fears? Yes No

If yes please describe:

1. Has your child ever attended a child care or community program? _____

2. What type of program was it? / Was a parent present with the child at the program?

3. What activities does your child enjoy doing at home?

4. Are there any siblings at home? _____ How many? _____

5. Does your child have a favourite toy? _____

6. Does your child experience any speech, vision or hearing problems?

7. Has your child ever been hospitalized? _____

8. How does your child defend themselves? _____

9. Does your child has food Sensitivities Yes No

If Yes Please list:

Does your child have allergies (including to medication) Yes No

If Yes Please complete below

Allergy	EpiPen Required	Reaction
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If your child has Anaphylactic Allergies, please complete the Individualized Anaphylactic Action Plan Prior to Start date (Ask Supervisor)



First Academy Montessori School

Photo Consent Form

Our school likes to celebrate your child's work and achievements. As a result, images of your child and his/her work may appear on our website.

I, _____ (PRINT NAME)

parent/guardian of _____ (PRINT NAME)

hereby: grant permission to First Academy to take and use photographs and/or digital images of my child for use in: **(Please check the corresponding options that you agree to)**

- printed publications or materials,
- electronic publications, such as school website (firstacademy.ca)
- documentation within the classroom displays for the duration of his/her time in the school.
- I give permission for First Academy to post my children's pictures onto firstacademy.ca to be shared and viewed only by parents. The pictures will be posted onto a private link, only accessible when a given password is entered. The pictures will be a way for parents to view and save pictures to record the growth of your children at First Academy.

CHILD'S NAME: _____

SIGNATURE OF PARENT/GUARDIAN

Date: _____



First Academy Montessori School

I give the staff at First Academy permission to assist in applying sunscreen /Diaper Cream /Diaper wipes/ Hand sanitizer to my child when needed for outdoor activities. I will provide the appropriate sunscreen for my child.

Parent Signature: _____ Date: _____

I give consent for the staff to take my child on neighborhood outings. Outings may include walks through our neighborhood and the park (conservation area) located behind the school. A sign will be posted outside each class to inform parents of their child's whereabouts.

Parent Signature: _____ Date: _____

Permission for a minor to pick up my child:

I give _____, (relation) _____ to pick up my child when I am unavailable and with written notice to the staff at First Academy (Name) _____ is over 13 years old.

Parent Signature: _____ Date: _____

I have received the parent handbook. I will familiarize myself with the policies within including registration and withdrawal, health and medication and fee payment policy.

Parent Signature: _____ Date: _____

Supervisors signature _____



First Academy Montessori School

Parent's term of Contract

The terms of this contract apply for the student enrolled at First Academy Montessori School (the "School").

1. The conditions of this Contract provide protection for our parents, as well as First Academy. In order to ensure that we can provide the services that your child(ren) are entitled, it is essential that parents pay their fees on time to ensure the operation of First Academy remain financially stable.
2. Program salaries and operating expenses cannot be reduced because of absentee losses. In essence, this agreement is a parental guarantee that you will financially support through your fee the enrollment space guaranteed for your child.
3. A student will not be accepted into the School unless the entire registration form has been completed in full and signed. Full payment (post-dated cheques from September to June), OHIP number or proof of health insurance, must accompany the enrolment form. New students must provide a copy of their Health Card and immunization documentation
- 4. Parents and Guardians hereby acknowledge that the School is a nut/ peanut free environment. I/We understand that my child may inadvertently come into contact with a substance he or she may be allergic to and that such contact may cause an allergic reaction. I understand that there are certain risks of allergen contact that are inherent in a school setting.**
- 5. There is no OUTSIDE food allowed in school premises due to severe Allergy conditions.**
- 6. There are no refunds for withdrawals midway through the month, and no refunds for holidays, sick days, or days missed for any reason, throughout the school year**
7. The student's full name, and class must be written on the back of each and every cheque.
8. A charge of \$25.00 will be levied against **all N.S.F. cheques** or cheques returned for any reason.
9. Students will not be allowed to attend unless payment has been made. The School reserves the right to expel a student immediately and take whatever action it deems necessary to collect such overdue accounts.
10. It is the parent's responsibility to dress and undress the child upon drop-off and pick-up.
11. There is a late pick up charge which is applied at the rate of \$1.00 per minute after 6:0 p.m. or at any time that First Academy staff has to remain beyond established hours to care for a student due to a late pick up.
12. The School reserves the right to make such rules and regulations in the operation of the School as it deems appropriate and it is a condition of acceptance that these rules and regulations be observed.
13. Withdrawal Procedure: The School requires a one month written notice of a student's withdrawal, full fees are required if no notice is given.
14. After consultation with First Academy Supervisor, I f the program cannot meet my child's needs, or that I have not carried out my obligations under the terms of the Parent Contract, my child may be withdrawn at the Child Care Centre's discretion.
15. I understand that if my Child remains at the Child Care Centre past the schedule pick-up time, I will be charged an applicable late fee. If the Child Care is unable to reach the emergency contact persons or me, the Police will be contacted after one (1) hour.
16. That the Centre will be closed all statutory, Civic holiday and the last Friday before Labour Day, as well as early closure on Christmas Eve and New Year's Eve, and that I will be charged normal daily fees for these days.
17. I understand that First Academy is a smoke-free premise; I will not smoke tobacco, or hold lighted tobacco, or a pack of cigarettes that will be visible to the children. If terms are violated, I understand I will be asked to leave the premises.
18. Only pre-authorized person's designated on the Registration Form may pick-up my child(ren). I understand that I must inform the Child Care of any changes regarding authorized Pick-Up and Release contacts.
19. To carry out the parent's responsibilities under the policies and procedures outlined in the Parent Handbook.
20. That the Child Care reserves the right to make amendments to its Policies, Fee Schedule and Program at any time and that I will be given notice of such changes at least two (2) weeks prior to the changes.
21. To avoid spread of communicable disease / Viral Disease I will keep my child at home until all symptoms are gone and my child has gained his/her normal state of health.
22. If my child has Fever/ Diarrhea/ Vomit at school, my child will stay home until he/she gets better and fever free for 24 hours before he/she can come back to school.

I have read and understood the terms of contract, the methods of payment, and the policies of the School as outlined in the *Parent Handbook* and I hereby agree to all the terms and conditions stated therein.

Signature of Parent or Guardian:

Date: _____

Signature of Supervisor

Date: _____