



Montessori Learning Centre of Pickering
"Knowledge with Understanding"

ELEMENTARY REGISTRATION FORM FOR THE ACADEMIC YEAR START DATE _____
PLEASE PROVIDE A COPY OF BIRTH CERTIFICATE

NAME: _____ D.O.B.: _____ Age: _____

Parent Name: _____ Cell #: _____ Business #: _____

Parent Name: _____ Cell #: _____ Business #: _____

MAILING ADDRESS:

Home Telephone Number: _____ Email Address: _____
(Notification of email indicates my permission for forwarding of information from the school)

EMERGENCY: Name: _____ Relation: _____ Tel: _____

Authorized individual(s) for student pick-up:

(Needs to be supported by documentation)

BILINGUAL OPTION: () YES () NO **DAYCARE HOURS:** _____

HOT LUNCH: () YES () NO

HEALTH

Health Card Number: _____
Please complete and return the Ministry Health Forms. I agree to MLCP retaining my OHIP number on site.

Allergies, Problems & Other Concerns

Past Communicable Diseases (Measles, Mumps, Rubella, Chicken Pox, Meningitis, Rabies): _____

Dietary: () Halal () Vegetarian Others: _____

I, the undersigned, agree to the school cleaning cuts, administering prescription medication or fever/pain reducer, should the need arise. I understand the information on the Thyro-block iodine pills and agree to administration should it become necessary.

SIGNATURE

Please indicate the source of introduction to the school:

() Yellow Pages () Newspaper () Current/Past Parent () Website Other: _____

- Upon acceptance please read, sign and forward the acknowledgement forms available on the website

For Office Use Only:

Registration Paid () Confirmation () Birth Certificate () Immunization () Other: _____

CONDITIONS FOR ACCEPTANCE

1. I understand that fees are an annual total divided over my chosen payment plan.
All fees, regardless of chosen payment plan must be submitted by post-dated cheques during the first academic week of school.
A \$10.00 LATE CHARGE fee will apply after the 10th of each month and a further fee of \$10.00 after the 20th.
2. DAYCARE hours end at 6:00 p.m. Parents who arrive after this time are required to pay to the MEMBER OF STAFF who remains with their child, an amount of \$5.00 per 15 minutes of late arrival.
3. If a child is to be withdrawn before the end of the school year, ONE MONTH'S NOTICE must be given, otherwise the payment of ONE MONTH'S FEES is required. Early withdrawal on pre-payments carries an additional forfeiture.
4. Should a child be uncomfortably ill, or have a contagious disease, we will request that he/she be picked up, and that he/she remains at home until fully recovered.
5. There can be no discounts or fee adjustment should a student be away for time over and above the designated holiday times that the school is closed.
6. A doctor's note will be required for Senior Elementary children who are away for longer than TWO consecutive days.
7. Parents agree to work with the teacher with regards to discipline and homework, or unfinished schoolwork. The Discipline Contract serves as the base for disciplinary action.
8. Parents acknowledge that Senior students will leave the property at various times for supervised library visits, nature walks and physical education exercises. Transportation may be by bus, staff/parent car depending on the destination.
9. Photographs or videos of the students may be used for general advertising purposes in any media format.
10. I understand that my name and telephone number will be included in a P.T. A. contact list.
11. Every effort will be made to ensure prompt arrival for 8:45 a.m. so my child may benefit from the entire programme.
12. Prompt payments are expected for any elementary associated costs (Gym, year-end trips, etc...). There will be a 10% service charge on delayed payments.
13. I understand that in the case of any emergency evacuation my child will be transported by staff or parent car, or by bus, to the designated area. I recognize that the emphasis is on the removal of the children as quickly as possible, to an authorized safety area.
14. During attendance at the school, I personally and on behalf of my son/daughter/ward, hereby agree to release and forever discharge and indemnify the Montessori Learning Centre, its employees and representatives from any and all claimers, demands or actions including claims for personal injury or sickness, while at school or on field trips/tournaments/competitions.
15. I have discussed with my child the importance of internet safety and adhering to the rules of the computer room. Personal devices will NOT be used during academic hours without the permission of the teacher-in-charge.
16. All personal information collected by the Montessori Learning Centre will be used for the sole purpose of best educating my child/children and maintaining up to date information for any Ministry required documentation. O.S.R. files, where applicable, will be requested for filing at M.L.C.P.
17. I agree to read and abide by the stipulations and requirements in the Information booklet.

My child is currently attending

School Address:

() I understand that there may be communication between the schools regarding my child.

NICOLA PHILLIPS
Principal

***I have read and agree to the above conditions ***

Parent Signature: _____

Parent Signature: _____

Date: _____

Date : _____