



Montessori Learning Centre of Pickering

"Knowledge with Understanding"

REGISTRATION FORM FOR THE ACADEMIC YEAR _____

Start Date: _____

***PLEASE PROVIDE COPY OF BIRTH CERTIFICATE**

Child's Name: _____ Date of Birth: _____

Parent Name: _____ Bus #: _____ Cell #: _____

Parent Name: _____ Bus #: _____ Cell #: _____

HOME ADDRESS (ES): _____

BUSINESS ADDRESS: _____ for (Parent Name): _____

Home Tel. #(s): _____ Email (s): _____

(Notification of email indicates my permission for forwarding of information from the school)

EMERGENCY Name: _____ Relation to child: _____ Tel. Number: _____

Authorized individual(s) for student pick-up: _____

(Needs to be supported by documentation)

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 administering prescription or over the counter medication as per signed permission from parent/guardian should the need arise. I understand the information on the Thyro-block iodine pills and agree to their being administered should it become necessary.

SIGNATURE

SESSION () Full Day () Bilingual (6-9 yrs)

() Infants/Pre-Casa only (Optional) 3 or 4 **consecutive** full days

Please circle 3 full days of choice: (M) (T) (W) (Th) (F) DAYCARE HOURS REQUIRED: _____

HOT LUNCH: () Yes () No NAP: () Yes () No

Please indicate the source of introduction to the school:

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

For Office Use Only:

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

CONDITIONS FOR ACCEPTANCE

1. 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 cheque 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 6:00p.m. are required to pay to the MEMBER OF STAFF who remained with their child, an amount of \$5.00 per 15 minutes of late arrival time.
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 If a child is to be withdrawn before the end of the school year, ONE MONTH'S NOTICE must be given; otherwise the payment of ONE MONTH'S FEES is required.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. There can be no discounts or fee adjustments should a student be away for time over and above the designated holiday times that the school is closed.
5. Should a child be uncomfortably ill, or have a contagious disease, we will request that he/she be picked up, and that he/she remain at home until fully recovered.
6. I understand that my name and telephone number will be included in a P.T. A. contact list.
7. Photographic and videographic images of the students may be used for general advertising and school purposes in any media format
8. Every effort will be made to ensure prompt arrival so my child may benefit from the entire programme.
9. 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 location. I recognize that the emphasis is on the removal of the children as quickly as possible, to an authorized safety area.
10. 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 out on field trips/tournaments/competitions.
11. All personal information collected will be used for the sole purpose of best educating my child/children and maintaining up to date information for any Ministry required paperwork. O.S.R. files, where applicable, will be requested for filing at M.L.C.P.
12. I agree to read and abide by the stipulations and requirements in the Information Booklet
13. Please provide a list of alternate people to whom your child may be released.

My child is entering school for the first time. ()

OR

My child is currently attending: _____

School Address: _____

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

THANK YOU FOR YOUR CO-OPERATION

NICOLA PHILLIPS

Principal

I have read and agree to the above conditions

Parent Signature: _____ Parent Signature: _____

Date: _____ Date: _____