



**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)

**BUSINESS ADDRESS:** \_\_\_\_\_ **for (Parent Name):** \_\_\_\_\_

**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.

**Conditions requiring medical attention:** \_\_\_\_\_

**Problems and other concerns:** \_\_\_\_\_

**Allergies / dietary restrictions:** \_\_\_\_\_

**Dietary:** ( ) Halal ( ) Vegetarian Others: \_\_\_\_\_

**Past Communicable Diseases (Measles, Mumps, Rubella, Chicken Pox, Meningitis, Rabies):** \_\_\_\_\_

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.
  - a. All fees, regardless of chosen payment plan must be submitted by post-dated cheques during the first academic week of school.
  - b. A \$10.00 LATE CHARGE fee will apply after the 10<sup>th</sup> of each month and a further fee of \$10.00 after the 20<sup>th</sup>.
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, TWO MONTH'S NOTICE must be given, otherwise the payment of TWO 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 indemnify the Centre, its teachers, administrators, agents and employees from any and all actions, causes of actions, claims and demands for damages, indemnity, costs, interest, loss or injury of every nature and kind whatsoever and howsoever, which we have had, may now have, or may hereafter have, in our personal capacity or on behalf of our child, in any way relating to or arising from our child's enrolment or participation in the centre, all Centre activities and events, including all excursion-related activities and events, and any communicable illness that may be contracted on school premises, provided the Centre exercises due diligence and complies with all applicable laws.
15. The Centre's duties and obligations under this Contract shall be suspended immediately without notice during all periods that the Centre is closed because of force majeure events including, but not limited to, any fire, act of God, hurricane, war, governmental action, act of terrorism, epidemic, pandemic, or any other event beyond the Centre's control. In the event that the Centre cannot reopen due to an event under this clause, the Centre is under no obligation to refund any portion of the parent fees. If such an event occurs, the Centre's duties and obligations in this Contract will be postponed until such time as the Centre, in its sole discretion, may safely re-open. Should the government choose to enforce regulations regarding refunds for childcare services due to an Emergency Order, the Centre will comply.
16. 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.
17. 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.
18. 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 : \_\_\_\_\_