



# 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.

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 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 Elementary)

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: \_\_\_\_\_

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### 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 on the required dates. 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 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, 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. 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 can 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 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.
11. 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.
12. 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.
13. I agree to read and abide by the stipulations and requirements in the General Information Guidelines and Policies and Procedures
14. 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: \_\_\_\_\_