



LIONS PARK

Montessori School

Checklist

Full Name of Child _____ Start Date _____

Please check:

Toddler Montessori Program

Full Day Program

Pre-Kindergarten Program

Kindergarten Program

Please check: Morning Afternoon

Days:

Rate:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Items Required:

- | | |
|--|--|
| <input type="checkbox"/> Application / Parent Agreement Form | <input type="checkbox"/> Registration Fee |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Activity Fee |
| <input type="checkbox"/> 2 Emergency Cards | <input type="checkbox"/> One Month Deposit |
| <input type="checkbox"/> 2 Photographs | <input type="checkbox"/> Cancelled Cheque |
| | <input type="checkbox"/> PAD |

PARENT SIGNATURE

DATE

Registration

Please check: Full Day Montessori Program Preschool Montessori Program

Surname	Given Name	Middle Name			
Name Child Responds to	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	yyyy	mm	dd
Street Address	City, Province		Postal Code		
Phone No. ()	Child's First Language		Child's Second Language		

Parent/Guardian Information

Name		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Mother	Father	Guardian
Address		Phone No. ()		
Place of Work	Hours of Work	Email	Work No. ()	

Name		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Mother	Father	Guardian
Address		Phone No. ()		
Place of Work	Hours of Work	Email	Work No. ()	

Children Pick-Up Authorization (including parents)

Name	Relationship	Phone No. ()
Name	Relationship	Phone No. ()
Name	Relationship	Phone No. ()
Name	Relationship	Phone No. ()

Alternate Person(s) To Pick-Up (in case of emergency)

Name	Relationship	Phone No. ()
Address	Speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what language?
Name	Relationship	Phone No. ()
Address	Speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what language?

Family Information

Please list your child's older and younger siblings.

Name _____ Date of Birth (dd/mm/yy) _____

Name _____ Date of Birth (dd/mm/yy) _____

Please list any names of other significant people in your child's life (grandparents, aunts, pets).

Please describe the guidance and discipline methods used at home.

Primary language spoken at home

if applicable, supply a copy of the custody order to the licensee.

Emergency Health Information

Care Card Number

Family Doctor Name and Phone Number

Health Information

Please indicate any special circumstance staff should be aware of:

Medication

Allergies

Behavior Difficulties

Please describe the above and provide special instruction related to the circumstance. Include nature and date of accidents, illnesses and/or surgical procedures your child has had.

Incident / Illness

Date(s).

Eating and Nutrition

We urge parents to pack healthy lunches. Please do not send fruit juice, soft drinks and/or candy with their child. We provide water at the centre and encourage the children to drink throughout the day. If the child is bringing food in a container, we ask parents to pack their lunch in glass containers only.

List your child's favourite foods:

List any food your child allergic to:

List any dislike foods or cannot eat:

Please describe any particular eating patterns:

Sleeping Patterns

Children napping need to bring the following to the centre:

- Crib Sheet
- Change of clothing
- Blanket
- Stuffy – something to sleep with if required

What time and how long does your child nap for?

What time does your child go to bed?

Toileting

Is your child toilet trained? Yes No Partially

Please indicate your child's frequency or patterns for bowel movements.

Describe assistance needed for toileting

What special words does your child use for:

Urination _____ Bowel Movements _____

Play and Group Experiences

What are your child's favourite toys?

What types of play activities does your child enjoy?

How many hours per day does your child watch television?

How does your child behave towards other children (feels shy, gentle, rough etc...)

Please list any daycares, preschool or other group situations in which your child has participated.

Name of program	Dates attended	Reason for leaving	Telephone

Emotional

How does your child react when left with unfamiliar people, unfamiliar situations and unfamiliar environments?

Does your child have any particular fears? Please describe.

Please best describe your child's personality (e.g. happy, energetic, sympathetic, impulsive, good-natured).

What suggestions do you have that might help the staff make your child's transitions into this program easier?

Please bring the following to the Centre:

- Health Care Card Number
- Post-Dated Cheques
- Deposit to Enroll
- Slippers
- Immunization Records

Signature of the enrolling Parent or Guardian

Date

Parent/Guardian Agreement

Lions Park Montessori is excited to have your child join our school. The following are terms and conditions agreed to by parents and the caregiver. Please review the document and initial each clause.

The Parent agrees to the following terms and conditions:

1. A non refundable registration fee of \$150.00 and one month's fees is required in order to register your child
2. To pay monthly tuition in full on the first day of each month and to keep their accounts in good standing (pre-authorized debit or cash only). Late payment of fees (or part thereof) will be subject to \$5.00 per day and NSF cheques will be subject to \$45.00 per cheque
3. An exemption from tuition fees is **not available by absence in case of vacation or illness**
4. **Two calendar** months' written notice is required if a child is withdrawn from the facility or to pay two month's fees in lieu of the required notice. Such notice is to be given on or before the last working day of two months prior to withdrawal. Termination date has to be end of the month
5. **Preschool Parents: notice cannot be given for the months of April, May and June or if a parent chooses to withdraw their child, full fees are due for all three months**
6. SUBSIDY: It is the responsibility of the Parent whose child is on subsidy to ensure that the Caregiver receives valid subsidy authorization at the beginning of each month from the relevant ministry. If the authorization is not received at the time fees become due, it will be the responsibility of the Parents to pay fees and late charges will apply. (A refund of fees will be paid once authorization is received). It is recommended that the parent apply for subsidy as early as possible
7. There are no refunds for the days the facility is closed. If any of the statutory holidays fall on a weekend, they will be transferred to a weekday
8. The facility is open Monday to Friday with the exception of specified days of closure as outlined in the calendar
9. In the event of a power outage, major disaster or fire, parents will be asked to pick their children up immediately
10. **A late fee of \$15.00 for every 15 minutes or part thereof is payable for late pick ups.** Children must be picked up by 5:45 p.m. (full day)
11. If your child is sick, the caregiver may refuse to admit the child to the facility if there is a risk of the illness being contagious or if the child will require more attention than a healthy child
12. Notify the school by 9:00 a.m. if the child will be absent for the day
13. Children **must arrive by 9:00 a.m. for our full day program and 8:30 a.m. for pre-Kindergarten**

Pick Up Policy

Authorized Person:

The parent is to provide written notice if an alternative person will be picking their child from the school. To ensure the safety of your child, photo identification must be presented by the alternative person who will be picking the child up.

If an unauthorized person comes to pick up a child, the child will remain under the supervision of the childcare staff, and will not be released without the authorization from the enrolling parent or guardian.

Alleged Impaired Authorization Pick Up:

It is the staff's responsibility to ensure that a child is not released to any person who is unable to adequately care for the child. If a staff member believes that the child will be at risk, the staff member will: offer to call a relative or friend to pick up the person and the child contact Ministry of Children and Families.

Whenever difficulties arise, all reasonable efforts will be made to ensure the safety of the child, other children and the staff. If necessary the staff members may need to call police for assistance.

INITIALS:

PARENT

PARENT

CAREGIVER

Photo Waiver

I hereby give permission for the Head Directress and/or the Directress at the School to take photographs of my child during class time. These photographs will be used for bulletin board displays, scrapbooks, CDs and the School's web page.

Field Trip

I hereby give permission for the teachers at Lions Park Montessori to walk my child,
_____ in the neighborhood, to the library and for specific field trips.

CHILD'S NAME

PARENT SIGNATURE

DATE

PARENT NAME