

APPLICATION FOR ENROLLMENT

Child's Name: _____ Date of Birth: _____
 (First) (Middle) (Last) (Month/Day/Year)

Address: _____
 (No.) (Street) (City) (Prov) (Postal code)

Child's Gender: _____ First Day of Enrollment: _____ Program Type: Full / Core / Half Day

Class Name: _____ Withdrawal Date: _____

Program Days: M T W TH F (circle)

PERSON(S) AUTHORIZED TO PICK UP YOUR CHILD & EMERGENCY CONTACT
(Other than parent/guardian):

| Name | Relationship | Address | Contact |
|------|--------------|---------|---------|
| | | | |
| | | | |

PERSON(S) NOT AUTHORIZED TO PICK UP YOUR CHILD:

| Name | Relationship | Address | Contact |
|------|--------------|---------|---------|
| | | | |
| | | | |

CUSTODY AGREEMENT: Yes No

If yes, supply a copy of the Custody Order to the Facility Manager/Licensee

PARENT/GUARDIAN PERSONAL INFORMATION

Mother/Guardian Name: _____

Home Address _____

Home Phone: _____

Mobile Phone: _____

Employer _____

Office Phone: _____

Employer's
Address _____

Primary Email Address:

Father/Guardian Name: _____

Home Address _____

Home Phone: _____

Mobile Phone: _____

Employer _____

Office Phone: _____

Employer's
Address _____

Primary Email Address:

HEALTH & GENERAL INFORMATION

Regular Medication(s) and reasons for (List)

Allergies or Food Restrictions (List)

Special Requirements for Diet

Special Instructions/Requirements for Physical Activity

Please describe any concerns/issues regarding your child's health(seizures, asthma, vision, hearing etc.)

History of Communicable Diseases (e.g., Chicken Pox, Measles etc.) injuries, illness, or operations your child has had:

Date: _____

Date: _____

Date: _____

Please describe any concerns you may have regarding your child's development (i.e. behavior, vision, hearing, speech, language, mobility, etc.) and include any specific care instructions:

Other Health Care Professionals Involved in your child's life e.g., Occupational Therapist/Physical Therapist:

IMMUNIZATION STATUS

Is your child immunized? Yes No (Please attach copy of immunization or notarized affidavit to this application)

Family Doctor's Name: _____ Phone #: _____

Address: _____ Postal Code: _____

INFANT ENROLMENT ONLY:

To ensure we are feeding your child foods that have already been introduced, please specify foods and textures of food that your child has already eaten.

Will you be providing formula, or will the school be providing milk?

Any instructions regarding feeding?

GROUP EXPERIENCES: Has your child had previous play group experience? YES NO If yes how did he/she adapt?

NAP AGREEMENT

Complete ONLY if your child is 30 months or over on start date

My child _____, (circle)

- 1) Does require a nap in the afternoon unless the child is unable to sleep after half an hour of lying down, in such times the child will be provided quiet activity time.
- 2) Does not require a nap in the afternoon unless the teacher deems it necessary due to illness, mood, fatigue, etc.

Brackendale Montessori shall ensure that a child who is younger than 12 months is placed for sleep in a manner consistent with the recommendations set out in the document entitled "Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada" unless the child's physician recommends otherwise in writing.

Brackendale Montessori will ensure that children who regularly sleep:

- have regular direct visual checks by the staff of each sleeping child looking for indicators of distress or unusual behaviors
- are placed in a room or sleeping area where there is sufficient light to conduct direct visual checks
- have an assigned individual crib or cot in accordance to REG 126/16 s.23
- consult parents with respecting a child's sleeping arrangements at the time the child is enrolled and at any other appropriate time such as transition between programs or rooms or upon a parent's request
- Teachers will provide parents of children who regularly sleep at Brackendale Montessori policies and procedures regarding children's sleep
- Teachers will notify parents of any significant changes in their child's sleeping patterns or behaviors during sleep. After being communicated to parents, adjustments may result to the manner in which the child is supervised during sleep.

DEVELOPMENTAL QUESTIONNAIRE

CASA PROGRAM

PHYSICAL DEVELOPMENT

| | | | |
|---|-----|----|-----|
| My child enjoys playing on large outdoor equipment (Ex: climbers) | Yes | No | N/A |
| My child enjoys playing with small outdoor equipment (Ex: balls, trikes etc.) | Yes | No | N/A |
| My child is able to hop and jump | Yes | No | N/A |
| My child is able to throw and catch a ball | Yes | No | N/A |
| My child is able to kick a ball | Yes | No | N/A |
| My child can run | Yes | No | N/A |

LANGUAGE DEVELOPMENT

| | | | |
|--|-----|----|-----|
| My child is able to speak English | Yes | No | N/A |
| My child is able to understand English | Yes | No | N/A |
| Other languages spoken at home: | | | |
| I usually understand my child when he/she talks | Yes | No | N/A |
| Other people usually understand my child when he/she talks | Yes | No | N/A |
| My child speaks in sentences longer than 4 -5 words | Yes | No | N/A |
| I have concerns about my child's speech or language. | Yes | No | N/A |
| Please describe: | | | N/A |

SOCIAL AND SELF-HELP DEVELOPMENT

| | | | | |
|--|-------|-----------|------------|-----|
| My child has _____ siblings | | | | |
| My child has participated in group experiences (play groups/childcare) | | Yes | No | N/A |
| My child makes friends easily with peers | | Yes | No | N/A |
| My child makes friends easily with adults | | Yes | No | N/A |
| My child prefers to use his/her | | Left hand | Right hand | N/A |
| My child can dress/ undress himself/herself | | Yes | No | N/A |
| My child can manage zippers and buttons | | Yes | No | N/A |
| My child can tie shoelaces | | Yes | No | N/A |
| My child can manage Velcro shoes | | Yes | No | N/A |
| My child toilet trained | Fully | Partially | No | N/A |
| My child can feed him/herself | | Yes | no | N/A |

EMOTIONAL DEVELOPMENT

| |
|---|
| My child is frightened of: |
| When my child does not get his way/her own way – he/she will: |
| When my child is asked to do a difficult task, he/she will: |
| When my child is frustrated, he/she will: |
| When my child is in a new situation, He/she will: |

Parent signature: _____

MEDIA CONSENT

I do/do not (circle one) authorize Brackendale Montessori the use of my child's name and/or picture for school publications and/or advertising. However, I agree that group pictures that are about the school, school functions or activities (concerts, field trips...) and are not primarily about my child may be used for such purposes.

FIELD TRIPS

My child does/does not (circle one) have my permission to participate in Brackendale Montessori's planned field trips and activities.

CASA & ELEMENTARY LUNCH PROGRAM

Complete ONLY If your child is 3.8 years or over on start date

A hot catered lunch is available to our children 3.8 years and older. For children 3.7 years of age or younger, the catering program is included in the tuition fee. For those parents that choose to have their child take part in the lunch program, it is available for a fee of **\$195.00 per month**.

Parents/Guardians, who choose to supply lunch, must also provide snacks. All food items must be nut free, as we do have children with severe nut allergy. All foods must meet the Canada Food Guide requirements. Lunch bags require an Ice pack at all times and all food and containers must be labeled with your children full name.

Brackendale Montessori believes that healthy food choices will lead to healthy children that are better and happier learners both at home and school. We ask parents to please refrain from sending processed treat and snacks.

I, _____, parent/guardian of _____, choose to have my child take part in the catered lunch/snack program at Brackendale Montessori.

New Monthly Fee: \$ _____ (**Program Fee + \$ 195 per month**)

Or

I, _____, parent/guardian of _____, choose and accept the responsibility of providing my child with his/her own lunch and two snacks daily. If on any given day, my child does not have lunch, I am to be notified to either pick up my child or drop off lunch.

Parent Signature: _____

Date: _____

CONSENT FORM: POTASSIUM IODIDE (KI) PILLS

In the event of an accident at a nuclear generating station, emissions may include radioactive iodide.

One way to protect yourself from radioactive iodide is to take stable (non-radioactive) potassium iodide (KI) pills.

Name of Child: _____

Name of Guardian: _____

When advised by Provincial authorities of radioactive iodide emissions and instructed to take the KI pill (**Please circle one below**):

I DO give Brackendale Montessori authority to administer KI dosage as outlined by the Durham Region Health Department.

I DO NOT give Brackendale Montessori authority to administer KI dosage as outlined by the Durham Region Health Department.

Should I have further questions Brackendale Montessori will provide me with a Questions and Answers sheet with contact information for Emergency Management Ontario.

AUTHORIZATION FOR NON-PRESCRIPTION SKIN PRODUCTS

Child's Full Name: _____

Date of Birth (dd/mm/yyyy): _____

The following **non-prescription** items may be applied to my child in accordance with the manufacturer's instructions on the original container (please check off):

- Sunscreen
 Diaper Creams/Ointment
 Lip balm
 Hand sanitizers
 Insect repellent
 Skin Lotions

| Item or Brand Name | Parent Instructions for application if different from manufactures instructions |
|--------------------|---|
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| | |

Parent Signature

Date

PARENT AGREEMENT:

I, _____, on behalf of myself and any other legal parent/guardian of _____, hereby make application to enroll the above-mentioned child into Brackendale Montessori. The above application has been completed accurately. I understand that failure to report an existing condition or any other vital information may jeopardize my child's safety and enrollment. This may also prevent him/her from benefiting full in Brackendale Montessori program. This application, along with all other forms I complete at Brackendale Montessori are accurate. **I understand that Brackendale Montessori reserves the right to withdraw my child from its program in the best interest of the majority of the children in the school or its programs.**

I understand and agree to abide by all Brackendale Montessori policies and regulations as outlined in the parent handbook. I will review (before start date) or have reviewed the policies and procedures as outlined in the Parent Handbook. **The Parent Handbook is an important and integral document that completes this agreement.**

By signing below, I agree that in the event of an emergency, if I cannot be reached at the time of the illness or accident, or if the emergency is such that time does not permit such contact, Brackendale Montessori and its representatives are authorized to secure any treatment prescribed by a physician or healthcare professional, including arrangements made for transportation to the Emergency Department of the nearest hospital, with no liability on the part of the drivers or of Brackendale Montessori and its representatives.

I understand that my child is expected to be involved in all aspects of the school's programming while at Brackendale Montessori. This includes, but is not limited to, school activities, indoor and outdoor gross motor activities, and rest/quiet time. If your child is unable to participate within our classroom environment, due to an illness, we ask that they remain at home. I understand the above statement and agree to keep my child home when ill. I am aware that I will be required to make arrangements for early pick up if my child is ill during the day.

I hereby release Brackendale Montessori and its representatives from all claims, damages, liabilities, arising from any accidents or injury that are not the result of negligence of this school and its representatives which are caused by or arise from participation by my child named herein during any program or in any facility or at any location at which a program is held.

I understand that a signed, dated, written notice of withdrawal must be given or emailed directly to the office **one month in advance** from the date of withdrawal. If notice is not received in writing, a fee equivalent to one month's school fees will be incurred. Last month's deposit is refundable with one month's written notice however all registration fees are nonrefundable. Prorated refunds for monthly tuition fees are not permitted. Any fees paid towards field trips, busing, extra-curricular activities or programs, events are non-refundable.

Parent Signature: _____

Date: _____