## **Application for Admission - Preschool Program**

**Age Requirement**: The child should be 2 years of age

Please answer all the questions that are appropriate to your child. Complete one form for each child who attends Nova Montessori Preschool.

Enrollment Date (dd/mm/yyyy):		
Program  ☐ Half Day AM (8:30 am -12:00 noon) ☐ 5 Full Day (8:30 am -4:30 pm) ☐ 3 Full Day (8:30 am -4:30 pm) ☐ Morning Extended Care (7:30-8:30 am)	☐ Half Day PM (1:00☐ 4 Full Day (8:30 a☐ 2 Full Day (8:30 a☐ Afternoon Extend	m -4:30 pm)
Child Information		
Legal Name (First, Middle, Last):		
Sex: M F		
Date of Birth (mm/dd/yy)://		
Home Address:(Apt./Building# & Street na	ame, City, Province, Pos	stal code)
		-
Mother /guardian	Father/ guardian	
Name:	Name:	
Home Address:	Home Address:	
(Apt./Building# & Street name, City , Province, postal code)		ame, City , Province, postal code)
Home Phone:		
Cell Phone:	Cell Phone:	
Email:		
Work Address:	WOIR Address:	
Work Phone:	Work Phone:	
Emergency Numbers: Other than parent	or guardians	
1. Name:	2. Name:	
Relationship to child:		ild:
Address:	_	
(Apt./Building# & Street name, City, Provin & Street name, City, Province, postal code)		(Apt./Building#
Home Phone:		
Work/Cell Phone:	Work/Cell Phone:	

Names of individuals t Name	<b>o whom child may be releas</b> Relationship	<b>ed:</b> phone number
If there are separation a school of the custody an	-	ent or guardian will inform to the
(Please specify type and Names & Ages of Sibling	duration of arrangement)	
	, physical, developmental or e	motional conditions relevant to the
I/We have read and und Guide and information of		ova Montessori Preschool Parent
(Signature of Parent	t /Guardian)	(Date)
CHILD MEDICAL INFOR		
	es Commission Registration Nu	
	lumber (6 digit):	
	Number (9 digit):	
Doctor's Name:		
Doctor's Phone:		
Doctor's address:		
` .	pt./Building# & Street name, C	
-		
Other Medical Concerns		
•		ssori Preschool permission to act on
my behalf to deal with a	ny medical emergency, which	may arise.
(Signature of Parent	 t /Guardian)	(Date)

Permission to Photograph		
I,(Parent/Guardian name), g	ive permission f	or Nova
Montessori preschool to photograph my child,		child's
name), for the following purposes:		
Type of Use	Allow	Declin
Still Photographs display in child personal scrapbook		
Give photographs possibly containing your child to current		
clients		
Display in facility's scrapbook or bulletin boards, shown to		
current and prospective clients		
Display still photos on child care website*		
Videos		
Give video to current parents  I understand that it is my responsibility to update this form in the		
wish to authorize one or more of the above uses. I agree that this during the term of my child's enrollment		
(Signature of Parent /Guardian) (	Date)	
TRANSPORTATION POLICY		
Nova Montessori does not provide transportation to or from scho	ol. It is the sole	
responsibility of parents to transport their child to and from scho		r dailv
program. At the event of field trips special transportation are arra		
the consent of the parents/guardian.		
Nova Montessori Preschool needs the consent of the parents/gua	rdian to take the	eir
children for walking trips in the neighbourhood.		
AUTHORIZATION FOR WALKING TRIPS		
	permit staff of	the Nova
Montessori Preschool to take my child, (name of child)	permit stan or	tile ivova
for walking trips in th	e neighbourhoo	od
(Signature of Parent /Guardian) (	Date)	

## AGREEMENT FOR SERVICES

This agreement is a legal and binding contract between Nova Montessori Preschool Inc and parent(s)/guardian(s) of \_\_\_\_\_\_ (the child) for preschool or prekindergarten and kindergarten services.

- Parent(s)/guardian(s) agree to pay monthly fees on the 1st day of the month. Fees are non-refundable and non-transferable.
- Parent(s)/guardian(s) agree to provide one-month written notice to change to a different program.
- Parent(s)/guardian(s) agree to pay fees when Nova Montessori Preschool Inc. is closed for statutory holidays, civic holidays, and in-service days, one week over the summer (late June -early July), and one week over the Christmas holidays.
- Parent(s)/guardian(s) agree to pay late-pickup and early drop off penalty of \$10 for every 15 minutes of extra supervision.
- Parent(s)/guardian(s) agree to pay late payment fee of 10% of the monthly fee for first 5 days, and then \$5 per additional late day.
- Parent(s)/Guardian(s) agree to pay a 30\$ fee for a dishonored cheque.
- Parent(s)/Guardian(s) agree to provide one month written notice for withdrawal of a child from Nova Montessori Preschool Inc. and pay the fees in lieu of notice.
- Parent(s)/Guardian(s) agree to pay one-month fees in the event of immediate withdrawal or withdrawal with out notice.
- In the event of non-payment of fees with in two weeks of the due date, Nova Montessori Preschool reserve the right to immediately terminate the service without notice.
- Nova Montessori Preschool will recover outstanding fees and penalties through an appropriate collection method.
- Nova Montessori Preschool reserve the right to issue notice for withdrawal of the child due to aggressive, detrimental, threatening, or abusive behavior of the child, parent(s)/guardian(s) or common law partner. Parent(s)/guardian(s) agree to withdraw the child within two weeks from the date of notice.
- In circumstance when Nova Montessori Preschool staff determine that any child or parent is unable to adapt to the school or programs, Nova Montessori Preschool reserve the right to terminate services with two weeks notice.
- Parent(s)/guardian(s) agree to abide by policies of the Nova Montessori Preschool Parent's Guide.

I hereby acknowledge that I am aware of the conditions stated in this agreement and agree to abide by the requirements stated.

(Parent's/Guardian's name)	(Signature of parent/Guardian)	(Date)	
 (Director's Name, Nova Montessori Pre.)	(Signature of the director)	(Date)	