Application for Admission - PreK & Kindergarten program

Please answer all the questions that are appropriate to your child. Complete one form for each child. Location (select one): ☐ 3311 Pembina Hwy. 2050 Chevrier Blvd. ☐ 613 St. Mary's Rd. Program (select one): Pre-Kindergarten program (The child should complete 4 years on or before 31st December of the academic year that starts in September). ☐ **Kindergarten program** (The child should complete 5 years on or before 31st December of the academic year that starts in September) Academic Year: 20 / 20 **Enrollment Date**(dd/mmm/yyyy): Program (select one): ☐ Half Day AM (8:30 am -12:00 noon) ☐ Half Day PM (1:00 - 4:30 pm) ☐ 5 Full Day (8:30 am -4:30 pm) ☐ 4 Full Day (8:30 am -4:30 pm) ☐ 3 Full Day (8:30 am -4:30 pm) ☐ 2 Full Day (8:30 am -4:30 pm) ☐ Morning Extended Care (7:30-8:30 am) Afternoon Extended Care (4:30-5:30 pm) **Child Information:** Legal Name (First, Middle, Last): $\Box F$ $Sex : \square M$ **Date of Birth** (dd/mmm/yyyy): ____/____/____ Home Address: (Apt./Building# & Street) (Province) (Postal code) (Postal code) Father/guardian Mother /guardian Name: Name: Home Address: ____ Home Address: (Apt./Building# & Street name, City, Province, postal code) (Apt./Building# & Street name, City, Province, postal code) Home Phone: _____ Home Phone: _____ Cell Phone: _____ Cell Phone: Email: _____ Email: Work Address: _____ Work Address: Work Phone: _____ Work Phone: **Emergency Numbers: Other than parent or guardians** 1. Name: 2. Name: Relationship to child: _____ Relationship to child: Address: Address: (Apt./Building# & Street name, City, Province, postal code) (Apt./Building# & Street name, City, Province, postal code) Home Phone: _____ Home Phone :_____ Work/Cell Phone: Work/Cell Phone:

| Names of individuals Name | to whom child may be released. Relationship | ased: phone number |
|---|--|---------------------------------------|
| | | |
| | agreements, or court order p nd access arrangement. | arent or guardian will inform to the |
| (Please specify type an Names & Ages of Siblin | d duration of arrangement) gs: | |
| _ | al, physical, developmental or | emotional conditions relevant to the |
| I/We have read and ur | iderstood the information of i | Nova Montessori Preschool Parent |
| • | disclosed are accurate. | Nova Montessori i reschool i arche |
| (Signature of Paren | nt /Guardian) | (Date: dd/mmm/yyyy) |
| CHILD MEDICAL INFO | | Av. 1 |
| | ces Commission Registration Number (6 digit): | |
| | Number (9 digit): | |
| Doctor's Name: | | |
| Doctor's Phone: | | |
| Doctor's address: | | |
| - | · · | , City , Province, postal code) |
| | | |
| Other Medical Concern | | |
| • | | essori Preschool permission to act on |
| my behalf to deal with | any medical emergency, whic | ch may arise. |
| (Signature of Pare | nt /Guardian) | (Date: dd/mmm/yyyy) |

| Permission to Photograph | | | |
|---|---------------------------|-----------------|--|
| I,(Parent/Guardian na | ame), give permission | for Nova | |
| Montessori preschool to photograph my child, | | child's | |
| name), for the following purposes: | | | |
| | I | T | |
| Type of Use | Allow | Declin | |
| Still Photographs display in child personal scrapbook | | | |
| Give photographs possibly containing your child to curren | nt | | |
| clients | | | |
| Display in facility's scrapbook or bulletin boards, shown t | 0 | | |
| current and prospective clients | | | |
| Display still photos on child care website* | | | |
| Videos | | | |
| Give video to current parents | n in the event that I wa | longon | |
| I understand that it is my responsibility to update this form | | | |
| wish to authorize one or more of the above uses. I agree th during the term of my child's enrollment | at this form will rema | ın ın enect | |
| during the term of my clina's emonatem | | | |
| | | | |
| | | | |
| (Signature of Parent /Guardian) | (Date: dd/mmm/yyyy) | e: dd/mmm/yyyy) | |
| | | | |
| TRANSPORTATION POLICY | 1 1 7 1 1 | | |
| Nova Montessori does not provide transportation to or fro | | | |
| responsibility of parents to transport their child to and from | | | |
| program. At the event of field trips special transportation a | are arranged by the sci | nooi with | |
| the consent of the parents/guardian. | eta /guandian ta talsa th | . o.i.m | |
| Nova Montessori Preschool needs the consent of the paren children for walking trips in the neighbourhood. | its/guardian to take th | ieii | |
| children for warking trips in the heighbourhood. | | | |
| AUTHORIZATION FOR WALKING TRIPS | | | |
| I, (name of parent) | will permit staff of | the Nova | |
| Montessori Preschool to take my child, (name of child) | wiii periiite stair oi | tile ivova | |
| | ps in the neighbourho | od | |
| | be | | |
| | | | |
| | - | | |
| (Signature of Parent /Guardian) | (Date: dd/mmm/yyyy) |) | |
| (organiture or rarent / duartitair) | (Date: au/mmm/yyyy | j | |

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:dd/mmm/yyy) |
|---|--------------------------------|-------------------|
| (Director's Name, Nova Montessori Pre.) | (Signature of the director) | (Date:dd/mmm/yyy) |