



Little Scholars Montessori Academy Application for Admission

We welcome your application for enrollment to Little Scholars Montessori Academy! In order to finish enrollment, it is important that all parts of this application are complete. PLEASE PRINT CLEARLY.

Date of Admission: m/ _____ d/ _____ y/ _____

PROGRAM (3 yrs to 6 yrs)

Hours of Operation:

Monday through Friday

7:00am to 6:00pm

Please check your choices:

5 Half Days (A.M.) () Montessori Time 9:00 – 12:30
5 Full Days () Montessori Time 9:00 – 4:00

Before School Program: (7:00 – 8:00am) Yes () No ()
 (8:00 – 9:00am) Yes () No ()

After School Program: (4:00 – 5:00pm) Yes () No ()
 (4:00 – 6:00pm) Yes () No ()

CHILD'S INFORMATION

Child's First Name: _____ Child's Surname _____

Current Age: _____ year(s) _____ months

Date of Birth: (Month) _____ (Day) _____ (Year) _____

Home Address: _____ Postal Code _____

Home Telephone Number: _____

Language(s) Spoken at Home: _____

Please list the names and ages of siblings _____

FAMILY INFORMATION

Mother/Guardian
Last Name: _____

First Name: _____

Employer: _____

Address: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Child Lives with: Both Parents ___ Mother ___ Father ___ Other (please name) _____

Correspondence: Both Parents ___ Mother ___ Father ___ Other (please name) _____

Father/Guardian
Last Name: _____

First Name: _____

Employer: _____

Address: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

PICK UP INFORMATION

My child can be picked up by:

Pick Up Person #1: _____

Home Phone _____ Cell Phone _____ Relationship to Child: _____

Or Pick Up Person #2 _____

Home Phone _____ Cell Phone _____ Relationship to Child: _____

Or Pick Up Person #3: _____

Home Phone _____ Cell Phone _____ Relationship to Child: _____

CURRENT MEDICAL INFORMATION

Child's Health Insurance Identification Card Number: _____

Name of Child's Physician: _____ Telephone Number: _____

Physician's Address: _____ Postal code _____

Immunization Record Attached: Yes ___ No ___ Reasons, if no – a written statement from a parent or legally qualified medical practitioner as to why the child should not be immunized.

My child has allergies: No _____ Not Known _____ Yes _____ if yes, please list allergens:

Please comment on:

condition(s) that your child has that require(s) medical attention – such as diabetes, epilepsy, asthma, etc.

physical activity restrictions _____

hearing or vision problems that cannot be corrected _____

your child's previous history of communicable diseases: (e.g.: Chicken Pox, Measles)

other conditions that may require a teacher to take action for the benefit of your child's health _____

PERMISSION FOR MEDICAL TREATMENT:

In the event of an accident or illness involving my child while my child is in the care of Little Scholars Montessori Academy, I hereby authorize the administration of any medical procedure deemed necessary, including anesthetic, by the above named Doctor, or any hospital Emergency Department, or by any other qualified physician. In no case will the staff or the center be financially liable for costs incurred as a result of emergency procedures undertaken.

Signature _____

EMERGENCY CONSENT

Contact Person #1 (in the event of an emergency):(Name) _____

Address: _____

Home Phone _____ Cell Phone _____ Relationship to Child: _____

Contact Person #2 (in the event of an emergency):(Name) _____

Home Phone _____ Cell Phone _____ Relationship to Child: _____

Contact Person #3 (in the event of an emergency):(Name) _____

Home Phone _____ Cell Phone _____ Relationship to Child: _____

YOUR CHILD'S PROFILE (to help us get to know your child)

Do you wish your child to have a nap? Yes ___ (for how long?) _____ No ___

Has your child had any previous school, playgroup or nursery experience? If so, where and how often?

List any organized activities that your child has participated in – such as swimming lessons, library groups, etc.

What are your child's interests? _____

Does your child have fears or aversions? _____

Eating Patterns: Please comment on your child's eating habits and food preferences. _____

Sleeping Pattern: Please comment on your child's sleeping pattern. _____

Is your child toilet-trained Yes ___ No ___ In process _____

Can your child manage their washroom routine independent of an adult? Yes ___ No ___

Can your child verbally communicate his/her needs effectively? Yes ___ No ___

If applicable, please write the name of your child's nanny or other primary caregiver _____

Has your child ever been hospitalized Yes ___ (for ?) _____

No ___

Other information you wish us to know: _____

REGISTRATION POLICIES

To register your child the school requires:

1. A completed Application for Admission
2. A copy of your child's birth certificate or passport as proof of age
3. A recent immunization form
4. An enrollment check or debit card of \$125 and payment of fees as outlined below
5. Any progress reports or educational assessments that are available

PAYMENT POLICIES

Tuition fees cover all registration, tuition, capital and operating costs. Basic stationery supplies, work books, student folders are also covered by tuition fees.

Tuition Payment: For the Montessori school year (September to June)

1. A first-month check or debit card dated the proposed entry date of your child (prorated if your child does not begin at the beginning of the month)
2. A last-month, full tuition for June check or debit card – dated the proposed entry date of your child
3. Post-dated check or debit cards dated the beginning of the month, for each month in between proposed entry date and the end of May.

Full / Semi Prepaid Tuition Fees - A 10% discount is offered if the tuition fees are prepaid in full for the school year or 5% if paid in full for half of the school year.

Family Discounts - Family discounts apply to tuition only for the second and subsequent children enrolled. The discount is applied to the tuition of the youngest child. (second child – 10%, third child – 20%, fourth and subsequent children – 25%).

Before and After School Payment:

Before School Program	7:00 – 8:00	\$50/month
After School Program	4:00 – 5:00	\$50/month
	4:00 – 6:00	\$80/month

There will be \$2.00 charged for every minute after 6.00 p.m.

Additional Costs - There will be costs for Field trips, school t-shirts and special events in the school.

As parent(s)/guardian(s), we would like to enroll our child at Little Scholars Montessori Academy in the program indicated on this application.

As parent(s)/guardian(s), we consent to the collection, use and disclosure of personal information in respect of and on behalf of myself/ourselves and my/our child, which may be collected, used and disclosed as necessary for the purposes of providing education and other services, student records and administrative purposes related to Little Scholars Montessori Academy and as otherwise required by law.

Name of Parent/Guardian (print)

Signature