



The house that kids built

A CCMA accredited school

APPLICATION FORM

YEAR APPLYING FOR: September 20__

Name of Applicant: _____ Male__ Female__
Surname Given Name Middle Name

Home Address: _____
Number Street Name City

_____ Home Telephone Number: _____
Province Postal Code

Date of Birth: _____ Cell Number: _____ Present Daycare: _____
Day Month Year

PARENTAL INFORMATION

Status of Parents: _____ Married _____ Separated _____ Divorced

Father's Name: _____ Address: _____

Email: _____ Occupation: _____

Home Telephone: _____ Work Telephone: _____

Mother's Name: _____ Address: _____

Email: _____ Occupation: _____

Home Telephone: _____ Work Telephone: _____

Name of person to be contacted if parents cannot be reached in case of emergency during hours of care:

_____/_____/_____
Name and Relationship to Student Address Telephone Number

Program Preferred:

- | | | |
|--|--|--|
| <input type="checkbox"/> 8:30 a.m. – 4:00 a.m. (Toddler) | <input type="checkbox"/> 8:30 a.m. – 11:45 a.m. (Casa) | <input type="checkbox"/> a.m. extended care (8:00 a.m.- 8:30 a.m.) |
| | <input type="checkbox"/> 8:30 a.m. – 4:00 p.m. (Casa) | |
| | <input type="checkbox"/> 1:00 p.m. – 4:00 p.m. (Casa) | <input type="checkbox"/> p.m. extended care (4:00 p.m.- 5:30 p.m.) |

A \$100 NON-REFUNDABLE APPLICATION FEE PAYABLE TO PETITE MAISON MONTESSORI WILL BE COLLECTED UPON ACCEPTANCE TO OUR PROGRAM

I have read the conditions of this application including those on the reverse side of the form and agree to abide by the terms as stated. I realize that any incorrect information provided may invalidate any agreement resulting thereof. I further understand that by submitting this application, along with the \$100 application fee, my child will be placed in the school's waiting pool and admission is not guaranteed. I will be notified when a space is available.

Date

Parent's Signature

Child's Family Physician: _____ Telephone: _____

Address: _____

Child's previous history of communicable diseases: _____ Dates: _____

Special Medical Conditions

Allergies to: _____ Anaphylactic _____

Symptoms of child's ill health (indicate child's usual reaction to illness e.g. high temperature, vomiting, irritability, etc.)

Medical treatment drug or medication to be administered during the hours child is receiving care (written and signed instructions by parent)

Special requirements for diet rest or exercise (written and signed instructions by parent)

Any Special Needs (Physical/emotional/social) conditions we should be aware of?

I understand the following:

1. This application does not automatically admit the applicant to Petite Maison Montessori. Admission depends upon the number of places available, interview process, completed registration forms and payments submitted.
2. A 2 month written notice or payment equal to 2 months must be provided in advance for the withdrawal of an enrolled child or those wishing to switch to part-time. NO REFUNDS will be given for retainer fee. All other fees paid up to the date of withdrawal will be pro-rated and refunded.
3. There is no refund either for illness or vacation time. Full monthly fees are applicable at all times.
4. If this application is accepted, I agree to submit a non-refundable retainer cheque (equivalent to one month's tuition fee) and post-dated cheques dated the first day of each month.
5. PMM parents will be responsible to provide all necessities for toileting, this includes diapers and wipes.
6. A 1 month non-refundable retainer fee is required and is applied toward your final payment of the year.
7. Official Tuition/Childcare tax receipts will be issued prior to February 28th of each calendar year.
8. An up to date "Immunization Record" must be provided before or upon enrollment for each child enrolled and it is my responsibility to provide updated records to school administration each year of enrollment.
9. The school reserves the right to withdraw a student from the programme at any time of the year if it is believed to be in the best interest of the child and/or the other children in the school or classroom. A minimum of 2 weeks notice will be provided.
10. I understand that it is my responsibility to read and comply with the policies and procedures outlined in the annual Parent Handbook. Failure to do so could result in the withdrawal of my child(ren). I will respect and adhere to all the rules, policies and procedures outlined in the Parent Handbook given to me at the time of enrollment.

Observation / Interview date completed on _____

OFFICE USE ONLY

Date of acceptance

Principal's Signature

Scheduled Start Date _____

Withdrawal Date _____