



Curlew Montessori School

Application for Admission – Summer 2016

*We welcome your application for your child. In order to complete the enrollment it is important that **all parts of this application are complete. PLEASE PRINT CLEARLY.***

CASA PROGRAM (2 ½ yrs to 6 yrs)

Please check your choices:

() Week 1 FD () HD ()

() Week 2 FD () HD ()

() Week 3 FD () HD ()

() Week 4 FD () HD ()

() All Weeks FD () HD () Other, please specify: _____

Before School Program: (7:30 – 8:30) Yes () No ()

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

STUDENT 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

Parent 1/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) _____

Parent 2/Guardian

Last Name: _____

First Name: _____

Employer: _____

Address: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

PICK UP INFORMATION (other than parent)

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: _____

***Children will not be released to any person(s) not on the pick-up information sheet.**

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 **anaphylactic allergies**: No _____ Not Known _____ Yes _____ **if yes, please list allergens and ask office for allergy protocol package:**

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 _____

has your child had a history of communicable diseases: (e.g.: Chicken Pox, Measles), if yes, please give details:

Please list any unusual symptoms our staff should look for if your child is ill or unwell and/or other conditions that may require a teacher to take action for the benefit of your child's health

PERMISSION FOR MEDICAL TREATMENT (Liability Release)

In the event of an accident or illness involving my child while my child is in the care of Curlew Montessori School, I hereby authorize the administration and/or CMS Supervisor to administer any medical procedure deemed necessary, including anesthetic, by a qualified physician or any hospital emergency department. In no case will the staff or the center be financially or otherwise liable for costs incurred as a result of emergency procedures undertaken.

Parent / Guardian Signatures:

#1 _____

#2 _____

EMERGENCY CONTACT

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: _____

STUDENT PROFILE

Previous school experience (daycare, preschool, play group or nursery experience)

How long in attendance and how often? _____ Reason for leaving: _____

Extracurricular activity / Special Interests: _____

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

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 ___

Is there anything else we should know, that will be helpful to us in nurturing your child's complete self? (likes/dislikes, habits/behaviours, fears/anxieties): _____

How did you learn about Curlew Montessori School? () Website, () CCMA, () Google, () Mail,
() Current / Previous parents, () Friend / Neighbour, () Other

Thank you for choosing Curlew Montessori School! Please share your comments on why you chose Curlew Montessori School. Your comments will be extremely valuable to our commitment in building an environment of quality and excellence.

REGISTRATION POLICIES

We require everything listed on this checklist to register your child at school:

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. () A completed CAMP CURLEW application
5. () All cheques postdated for no later than **July 1st, 2016** as per summer camp application

PAYMENT POLICIES

- I/We hereby apply for registration for the herein-named child for the summer camp session(s) at Curlew Montessori School.
- I/We confirm that I/We are ALL and the ONLY parent(s) and/or guardian(s) of the child.
- I/We have enclosed post-dated cheques for payment(s) in full for the session(s) I/We have registered my child for.

- In the event of an accident or illness involving my child, while my child is at the summer camp/school, I/We authorize the administration of any medical procedure deemed necessary by a qualified physician or hospital emergency department, including anesthetic.
- I/We understand that during the course of my child's daily activities in the summer/camp school, injuries may occur. I/We hereby agree to release and indemnify Curlew Montessori School and its affiliates, from any and all claims and damages arising from participating in any school activities that is NOT caused as a result of the direct negligent act/omission of Curlew Montessori School and/or any of its staff.
- I/We consent to the use by Curlew Montessori School of the herein-named child's photograph in summer camp/school material, brochures and/or news media. If you do not wish your child to be photographed please email/submit a note to this effect to the school office **BEFORE YOU CHILD ATTENDS THE SUMMER CAMP PROGRAM.**
- **REFUND POLICY - I/We agree to give two (2) weeks written notice before ALL the sessions begin if I/We want to withdraw my/our child from summer camp/school during the session/s indicated above.**

Additional Costs - There will be additional costs for the hot cold lunch program, field trips, school t-shirts and special events in the school.

As parent(s)/guardian(s), we would like to enroll our child at Curlew Montessori School Summer Camp Program. 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 Curlew Montessori School and as otherwise required by law.

Parent #1 Name of Parent/Guardian (print)

Signature

Parent # 2 Name of Parent/Guardian (print)

Signature