



P.T. MONTESSORI SCHOOL

"Steadfastly following the child"

280 Culford Road, Toronto, ON M6L 2V3 Tel: 416-242-3725

www.ptmontessori.com e-mail: ptmontessori@bellnet.ca

REGISTRATION FORM

Please submit the following when enrolling your child:

1. Complete registration form
2. Include Administration Fee of \$200.00 (non-refundable)
3. Medical Form accompanied by immunization card
4. Date of Registration: _____ Student Start Date: _____

Student Information

First Name: _____ Surname: _____
Date of Birth: _____ 0 Male 0 Female Home Phone: _____
Address: _____ City: _____ Postal Code: _____
E-mail: _____ Spoken language(s) at home: _____

Family Information

Mother's Name: _____ Surname: _____
Occupation: _____ Business Telephone: _____ Cellular Phone: _____
Father's Name: _____ Surname: _____
Occupation: _____ Business Telephone: _____ Cellular Phone: _____
If different from Child's address
Address: _____ City: _____ Postal Code: _____

Registration Details

Please indicate the program(s) you are enrolling your child in:

Casa (Primary)

☐ Half - day 8:45 A.M. – 11:45 A.M.

☐ Half - day extension 8:45 A.M. – 1:00 P.M.

☐ Full - day 8:45 A.M. – 3:30 P.M.

Before School Care

☐ 7:30 A.M. – 8:40 A.M.

Elementary

☐ Full - day 8:45 A.M. – 3:30 P.M.

After School Care

☐ 3:30 P.M. – 4:30 P.M.

☐ 3:30 P.M. – 5:30 P.M.

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Emergency Contacts

Person(s) to whom child may be released:

1. First Name: _____ Surname: _____
Relationship to Child: _____ Home Phone: _____
Cellular Phone: _____ Business Phone: _____

2. First Name: _____ Surname: _____
Relationship to Child: _____ Home Phone: _____
Cellular Phone: _____ Business Phone: _____

3. First Name: _____ Surname: _____
Relationship to Child: _____ Home Phone: _____
Cellular Phone: _____ Business Phone: _____

Medical Information

Child's Health Card Number: _____ Family Physician's Name: _____
Address: _____ City: _____ Province: _____
Postal Code: _____ Telephone #: _____

Immunizations

Immunization forms must be provided (yellow card) at time of registration.

List any allergies or food/s your child may be allergic to. Please describe any allergic reactions your child may have (e.g. swelling, convulsions, rash etc.):

List any health condition/s that your child may have had in the past such as, hearing problems, urinary tract problems, lengthy illness reactions to drugs, bites, stings etc:

Other:

Permission to receive medical attention:

I _____ grant permission to the Principal or designate in his/her place to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent,
2. Attempt to contact the child's physician,
3. Attempt to contact the "Emergency Contact",
4. Take any reasonable measure (e.g. Call ambulance, have the child taken to the hospital, etc.) deemed necessary.

I hereby accept responsibility for any expenses incurred by P.T. Montessori School, or any of its' agents, as a result of any of the above actions, and absolve them of responsibility should any harm, damage, or injury occur, which is not due to their negligence, while performing any of the above.

Permission to participate in school activities

I _____ hereby grant permission for my child to use all of the classroom materials and equipment, and to participate fully in all of the activities of the school, so long as he/she is enrolled at the school.

I hereby grant permission for my child to leave the school premises, under reasonable adult supervision, for such purposes but not limited to, neighbourhood walks, visits to the public library, playground and park.

I hereby grant permission for my child to be included in school photographs and/or photographs of activities at the school. It is possible that these may at some time be used for publicity unless otherwise stated.

Waiver

I _____ hereby acknowledge that the staff of P.T. Montessori School, while being trained in their respective professions, and while always exercising due diligence and reasonable practices, cannot be held responsible for accidental mishaps which may occur while any child is in their care. Further, the above signed also acknowledges that the staff of P.T. Montessori School are not medically trained or certified to treat any child's illness or medical condition (physical, psychological or otherwise) and are hereby absolved from any responsibility in this regard, (details of the School's procedural policy are outlined in the "Permission to participate in School activities and to receive emergency medical care" section).

Terms of Enrollment

As parents/guardians _____, we understand that the following terms are beneficial to our child(ren) and are necessary for an optimum experience in the Montessori environment. We agree that every effort will be made on our part to meet these terms of our child's enrollment.

1. To generally deal with our child, in a manner consistent with the Montessori Method, especially in areas of discipline and independence.
2. To show willingness to continually develop our understanding of the Montessori philosophy, by means of attending Parent Information Evenings.
3. To monitor both the quantity and content of our child's television viewing, and minimize computer use, video game exposure, and the like.
4. To enroll our child in a reasonable number of extra-curricular activities (i.e. 2 times per week maximum).
5. To ensure that our child arrives at school prepared for the day: healthy, well rested and fed.