2019/2020 School Year Application for Admission

Welcome to **Art of Life Nursery and Montessori School**.

FOR OFFICE USE ONLY

First Name :	Last Name:
Date of Birth: (mm/dd/yy)	Date of Admission:
	Date of Discharge:
Vaccination Record Received: Yes:	No: By:

Admission Procedure

KINDLY ATTACH THE FOLLOWING TO THE APPLICATION:

- Immunization form (attach a photocopy of the student's immunization records)
- Most recent report card of your child's last attended school (if applicable)
- Copies of documentation of any physical or medical conditions (medical reports, doctor's notes) including specific, detailed instructions on administering any medication taken by your child (if applicable)
- Registration fee of $150.00. This non-refundable fee applies to NEW students.
- Security Deposit.

❖ **Please make cheques payable to "Art of Life Nursery and Montessori School".**

STUDENT INFORMATION

Last Name: _____ First Name:_____

Home address: _____

City/Town: _____ Province:_____ Postal Code:_____

Home phone: (___)_____ Date of Birth:_____ Sex: Male/ Female

Language(s) spoken at home: _____

Name of previous School/Daycare: _____

Number of Years at previous School: _____ Current Grade/Level:_____

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PARENT GUARDIAN INFORMATION – MOTHER

Last Name: _____ First Name: _____

Home Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Home Phone: (___)_____ Email Address: _____

Occupation: _____

Work Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Mobile Phone: _____ Work Phone: _____

PARENT / GUARDIAN INFORMATION – FATHER

Last Name: _____ First Name: _____

Home Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Home Phone: (___)_____ Email Address: _____

Occupation: _____

Work Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Mobile Phone: _____ Work Phone: _____

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SIBLING INFORMATION

1) Name: _____School: _____ Age: _____ Grade: _____

2) Name: _____School: _____ Age: _____ Grade: _____

EMERGENCY CONTACT INFORMATION

Please list the names of **two persons other than the parents or guardians** who may be contacted in the event of an emergency.

PRIMARY EMERGENCY CONTACT

Name: _____ Relation to child:_____

Address: _____

City/Town: _____ Province:_____

Postal Code:_____ Home Phone:(___)_____

Work Phone: (___)_____ Mobile Phone: _____

SECONDARY EMERGENCY CONTACT

Name: _____ Relation to child:_____

Address: _____

City/Town: _____ Province:_____

Postal Code:_____ Home Phone:(___)_____

Work Phone: (___)_____ Mobile Phone: _____

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PICKUP CONTACT INFORMATION

Please list the names of **two persons other than the parents or guardians** who are authorized to pick up your child/children from school.

PRIMARY PICK-UP CONTACT

Name: _____ Relation to child:_____

Address: _____

City/Town: _____ Province:_____

Postal Code:_____ Home Phone:(___)_____

Work Phone: (___)_____ Mobile Phone: _____

SECONDARY PICK-UP CONTACT

Name: _____ Relation to child:_____

Address: _____

City/Town: _____ Province:_____

Postal Code:_____ Home Phone:(___)_____

Work Phone: (___)_____ Mobile Phone: _____

HEALTH INFORMATION

Family Doctor: _____ Doctor's Phone: (___)_____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

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CONTINUED HEALTH INFORMATION

Please list any Allergies and/or Religious Dietary Restrictions:

Dietary Restriction	Reason (Allergy or religious purpose)

Your child will be taken to the nearest hospital in the case of an emergency, unless otherwise stated. Please state any special requests.

_____
_____
_____

Please indicate any social, emotional or medical conditions your child has:

_____
_____
_____

Is your child being administered medication on a regular basis? Yes / No
If yes, please provide details:

_____
_____
_____

Does your child have any physical limitations that would prevent participation in sports and other related physical activities? Yes / No
If yes, please provide details:

_____
_____
_____

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CONTINUED HEALTH INFORMATION

To help us have a better knowledge of your child's medical history, prior to entering Art of Life Nursery and Montessori School; please check all boxes which your child has experienced:

☐ Chicken Pox	☐ Mumps	☐ Scarlet Fever
☐ Measles	☐ Rheumatic Fever	☐ Whooping Cough
☐ German Measles	☐ RSV	☐ Fifth's Disease
☐ Frequent Colds	☐ Bronchitis	☐ Tonsillitis
☐ Middle Ear Infections	☐ Pneumonia	☐ None of the Above

Has the student ever had an eye test? Yes: ☐ No: ☐ Result: _____

Has the student ever had a hearing test? Yes: ☐ No: ☐ Result: _____

Does the student have allergies: Yes: ☐ No: ☐ Specify: _____

Is the student considered anaphylactic? Yes: ☐ No: ☐ Epi-pen? _____

Please provide any other health information which may be helpful to us:

_____

_____

_____

_____

_____

_____

CONSENT FORM:
I understand that my child will be expected to attend all school outings and if he/she does not attend for health reasons, there will be no school on the day of the outing.

If this application is accepted, I hereby agree to adhere to all rules and regulations of Art of Life Montessori Schools and pay all school fees and educational expectations.

Signature of Parent/Guardian: _____ Date: _____

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SURVEY

We are appreciative of your interest in Art of Life Nursery and Montessori School and we would like to ask you to kindly fill out this survey. How did you hear about A.N.M.S.?_____
_____
_____
_____

Website: ☐ Facebook: ☐ Friend or Family Member: _____

Advertisement: ☐ if yes, which one?: _____

Other: ☐ Please specify: _____

Why have you chosen Montessori Education for your child?

_____
_____
_____
_____

List in order of importance, reasons that most influenced your decision to enroll your child(ren) at Art of Life Nursery and Montessori School.

1. _____ Other: _____

2. _____ _____

3. _____ _____

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Terms of Contract

1. A child will be considered registered into the school when a completed and signed enrolment form, **the first month's fee, the security deposit and all post-dated cheques for the full year have been submitted.**

   Initial _____

2. All new applicants must pay a $150.00 registration fee that is non-refundable. **Initial ____**

3. **** Enrollment in the Toddler and Casa Classes is for the entire school year – September to June. The security deposit is non-refundable if student is withdrawn before the end of the school year. ****

   Initial _____

4. **There are NO refunds or deduction in fees for days the school is closed, days student is sick or on holidays, or mid-month withdrawals throughout the school year.**

   Initial ____

5. **Written notice of student's withdrawal must be received one month prior to intended date of withdrawal. If the one month written notice is not received then you will be charged tuition for the month of withdrawal.** Post-dated cheques will be returned. **Security Deposit is non-refundable and not deductible for one year for Infants; or Security Deposit is non-refundable and not deductible within the current school year (September to June) for Toddlers and Casa Students. As your child graduates to the next class your security deposit will be held for that new school year. It again will be non-refundable and not deductible during that new school year.**

   Initial _____

6. Fees are subject to change without notice**.**

I understand and agree to abide by the terms of this contract and to comply with the rules and regulations of the Art of Life Nursery and Montessori School.

Signature of Parent/Guardian: _____

Date: _____ Contract Copy Received _____

Signature of School Administrative Staff: _____

Date: _____

PLEASE ENSURE THE FOLLOWING ITEMS HAVE BEEN INCLUDED WITH YOUR APPLICATION:

- ☐ Signed Registration Agreement
- ☐ Application Form
- ☐ Parent/Guardian Contact Information Form (must include complete address)
- ☐ Completed Medical Information
- ☐ Deposit & Post Dated Cheques
- ☐ Copy of Vaccination Record
- ☐ Infant Feeding Guide (when applicable)

Please Note: All addresses including parents/guardians, work, doctor, emergency contacts and pickups must be complete and have the postal codes.