

ALL SAINTS' MONTESSORI SCHOOL

Registration Form

For Office Use: Admission Date Discharge Date

Student's Surname _____ First Name _____

Date of Birth (Month/Date/Year) ____ / ____ / ____ Age _____ Gender (M/F) _____

Home Address _____ City _____ Postal Code _____

Parent 1 (Father / Mother / Guardian)

Surname _____ First Name _____

Home Address _____ City _____ Postal Code _____

Home/Cell Phone _____ Email _____

Occupation _____ Business Phone _____

Work Address _____

Parent 2 (Father / Mother / Guardian)

Surname _____ First Name _____

Home Address _____ City _____ Postal Code _____

Home/Cell Phone _____ Email _____

Occupation _____ Business Phone _____

Work Address _____

Emergency Contact 1 (if parents cannot be reached)

Name _____ Phone No. _____ Relationship _____

Home Address _____ City _____ Postal Code _____

Emergency Contact 2 (if parents cannot be reached)

Name _____ Phone No. _____ Relationship _____

Home Address _____ City _____ Postal Code _____

Registered for: Pre-Casa/Casa Full Day _____ Half Day _____

Before-School Program (Yes / No) Arrive at _____ After-School Program (Yes / No)

Daily Release to: Name _____ Phone No. _____ Time _____

Daily Release to: Name _____ Phone No. _____ Time _____

Medical Information

Health Card Number _____ Immunization Record attached _____

Immunization Exempted (please specify) _____

Doctor's Name _____ Phone No. _____

Allergies to note (e.g. nuts, milk, seafood, fruits, drugs, sunscreen, animals, hay fever or medication, etc.)

No _____ Yes _____ (please specify) _____

Health / Behaviour

Does your child have any health or behavioural conditions we should know about? (e.g. asthma, diabetes, epilepsy/convulsions, heart disease, hearing problems, emotional conditions, sleeping arrangement, vision difficulties or special needs, etc.)

No _____ Yes _____ (please specify) _____

Medication

Will your child be requiring any medication to be taken or administered regularly at school?
(e.g. EPI pen, ANA kit, asthma ventilator, Ritalin or other drugs.)

No _____ Yes _____ (please specify) _____

Previous History of Communicable Diseases (e.g. Chicken Pox, Measles, Mumps, etc.)

No _____ Yes _____ (please specify) _____

Terms of Admission

All Saints' Montessori School reserves the right to accept this registration. The withdrawal of any child may be requested if, this action is for the benefit of the child or for the benefit of the class as a whole.

All Saint's Montessori School reserves the right to make such policies and regulations in the operation of the school as it deems appropriate and it is a condition of attendance that these policies and regulations to be observed.

In registering, I understand and accept All Saints' Montessori School's policies. I also grant All Saints' Montessori permission to request and receive confidential information regarding my child and to retain such materials in his/her file.

Signature _____ Name _____ Date _____

Payment Attached

Registration Fee _____ Tuition Fee _____

Remarks _____