



# Children's Montessori & Preparatory School

## 2014 / 2015 Enrollment Form

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### Student Information

Programme: Casa \_\_\_\_\_ Elementary \_\_\_\_\_

Surname \_\_\_\_\_

Full Day: M T W Th F

First Name \_\_\_\_\_

Initial \_\_\_\_\_

Half Day: M T W Th F

Birth Date \_\_\_\_\_

Previous School or Child Care

Age at Dec. 31/13 (i.e. Years 4, Months 1) Years: \_\_\_\_\_ Months: \_\_\_\_\_

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### Primary Contact Information

Surname \_\_\_\_\_ Relationship to Student \_\_\_\_\_

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Home # \_\_\_\_\_

Street \_\_\_\_\_ Work # \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Mobile # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Email Address \_\_\_\_\_

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### Secondary Contact Information

Surname \_\_\_\_\_ Relationship to Student \_\_\_\_\_

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Home # \_\_\_\_\_

Street \_\_\_\_\_ Work # \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Mobile # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Email Address \_\_\_\_\_

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### Health Information (please include any additional information separately)

Health Card # \_\_\_\_\_ Physician Name \_\_\_\_\_ Phone# \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_ Physician Address \_\_\_\_\_

Health/ Food Allergies \_\_\_\_\_

Special Instructions \_\_\_\_\_

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Student Name: \_\_\_\_\_

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### Primary Emergency Contact/ Pick up

Surname \_\_\_\_\_ Home # \_\_\_\_\_  
First Name \_\_\_\_\_ Initial \_\_\_\_\_ Work # \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Mobile # \_\_\_\_\_  
Student May Be Released to This Contact: Yes \_\_\_ No \_\_\_

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### Secondary Emergency Contact/ Pick up

Surname \_\_\_\_\_ Home # \_\_\_\_\_  
First Name \_\_\_\_\_ Initial \_\_\_\_\_ Work # \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Mobile # \_\_\_\_\_  
Student May Be Released to This Contact: Yes \_\_\_ No \_\_\_

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### Alternate Contacts With Pick up Authorization

1. Name(s) \_\_\_\_\_ Contact # \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Add. # \_\_\_\_\_  
2. Name(s) \_\_\_\_\_ Contact # \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Add. # \_\_\_\_\_  
3. Name(s) \_\_\_\_\_ Contact # \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Add. # \_\_\_\_\_

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I/We understand that acceptance and enrollment of a student in **The Children's Montessori & Preparatory School Inc.** constitutes a contractual agreement to pay all fees and charges associated with registration. I/We the parent(s) and student(s) have read, understand and agree to follow the information as detailed in the document entitled: "CMS Policies and Procedures 2014-2015".

Date \_\_\_\_\_

Signature of Primary Parent/Guardian \_\_\_\_\_

Signature of Secondary Parent/Guardian \_\_\_\_\_

The Children's Montessori & Preparatory School Inc. 220 Murray St. Peterborough, ON K9H 2S8  
T. 705.742.8442 F. 705.742.4357

# The Children's Montessori & Preparatory School Inc.

## Registration Waiver 2014-2015

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### Medical Waiver

I/We, \_\_\_\_\_ the parent of \_\_\_\_\_ understand that in the event of an accident or illness occurring to my child, the School will make every attempt to contact me and/or my spouse. If however; my spouse or I cannot be reached, I hereby give The Children's Montessori & Preparatory School Inc., its Directors, Officers, Agents and Employees authority to act on my behalf in case of an emergency and to take appropriate steps to have a doctor attend to my child.

I/We also agree to release and indemnify The Children's Montessori & Preparatory School Inc., its Directors, Officers, Agents and Employees from any and all claims for damages arising from any injury or otherwise related actions to my child as a result of any accident illness, injury or for any other reason arising from participation in any school activities.

I/We, hereby acknowledge that the School is not free of allergens. I/We understand that my child may inadvertently come into contact with a substance he/she may be allergic to and that such contact may cause an allergic reaction. I understand that there are certain risks of allergen contact that are inherent in a school setting.

### Permission To Go On Outings

I/We, \_\_\_\_\_, the parent of \_\_\_\_\_ give permission for my son/daughter to take part in any out-of-school events during the school year. I will be notified again in writing before any particular visit or trip.

### Photographic Waiver

I/We, \_\_\_\_\_, the parent of \_\_\_\_\_ authorize CMS to use any photo or video of my child to be used in promotional brochures, newsletters, website or for school related activities.

### Terms of Contract

1. All new applicants must pay a \$100.00 registration fee, which is not refundable. This is a one-time fee per child.
2. A charge of \$25.00 will be levied against all N.S.F. cheques returned for any reason.
3. Written notice of withdrawal from a parent to the School with respect to student must be received 30 days prior to the date of withdrawal.
4. There are no refunds for mid-month withdrawals, holidays, sick days, or days missed for any other reason throughout the school year.
5. A child is considered accepted into the School only upon written confirmation from the School.
6. Fees may be paid by cash or cheque. Non-payment of any amount owing to CMS will be subject to the payment of interest at the rate of one and one-half percent (1.5%) per month (18% per annum).
7. All post-dated cheques must be dated the 1<sup>st</sup> of each month.
8. The child's full name must be written on the front of each cheque.
9. The safety of all children is our primary concern. The provision of our service is conditional on both your child's behaviour and your treatment of the School and its staff. Behaviour that poses a safety hazard for the other children or the staff will not be accepted and could result in immediate withdrawal of service.
10. A fee will be applied to lost or damaged books.

I have read and understood the above.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
SIGNATURE OF ADMINISTRATOR

\_\_\_\_\_  
DATE