



Children's Montessori & Preparatory School

2014 / 2015 Day Nursery Enrollment Form

Student Information

Day Nursery: Start Date (DD/MM/YY) _____ End Date _____

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. 31/14 (i.e. Years 2, Months 5) Years: _____ Months: _____

Primary Contact Information

Surname _____ Relationship to Student _____

First Name _____ Initial _____ Home # _____

Street _____ Work # _____

City _____ Postal Code _____ Mobile # _____

Employer _____ Employer Address _____

Email Address _____

Secondary Contact Information

Surname _____ Relationship to Student _____

First Name _____ Initial _____ Home # _____

Street _____ Work # _____

City _____ Postal Code _____ Mobile # _____

Employer _____ Employer Address _____

Email Address _____

Health Information (please include any additional information separately)

Health Card # _____ Physician Name _____ Phone# _____

Dietary Restrictions _____ Physician Address _____

Health/ Food Allergies/ Allergic Reactions and Special Instructions: _____

I give permission for my child to bring and use their own (labelled) refillable water bottle throughout the day. yes _____

Student Name: _____

Primary Emergency Contact/ Pick up (other than parent/ guardian)

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

Secondary Emergency Contact/ Pick up (other than parent/ guardian)

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

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. # _____

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 Day Nursery 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.
Day Nursery
Registration Waiver 2014-2015

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-nursery events during the school year. This includes weekly CMS Assembly and "Reading Buddies" which occurs at The Children's Montessori & Preparatory School (220 Murray St., Peterborough ON.). I will be notified again in writing before any particular visit or trip (excluding CMS school Assembly and "Reading Buddies") .

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, and a \$200.00 tuition deposit (dated Sept. 1) which is not refundable. The Registration fee 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 1st 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