



**THE K-W MONTESSORI SCHOOL INC.  
STUDENT REGISTRATION FORM  
2021-2022**

Date of Admission

Date of Discharge

STUDENT INFORMATION			
Student Surname:	First Name:	Sex (M/F):	Birthdate D/M/Y:
Student Address:	City:	Postal Code:	
Home Phone:	Mother's Email: Father's Email:		
Name of School or Program Previously Attended & Location:			Length of Enrolment:
Names of Child's Siblings:			Birthdate(s):

PARENT INFORMATION	
Child Resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	
Father's Name:	Mother's Name:
Home Address if Different from Above:	Home Address if Different from Above:
Home Phone:	Home Phone:
Occupation: Employer's Name & Address:	Occupation: Employer's Name & Address:
Work Phone:                      Cell:	Work Phone:                      Cell:

MEDICAL INFORMATION		
Doctor's Name:	Address:	Phone:
What special/medical needs of your child should the school know? (Allergies, asthma, learning difficulties/diagnosis, speech, hearing, etc.). Please provide a previous history of communicable diseases and/or other conditions requiring medical attention. Please indicate if your child has had hearing and vision tests and the results.		

PROGRAM SELECTION:	<input type="checkbox"/> Half Day (AM) Casa (2 ½ - 3y8m)	<input type="checkbox"/> Lower Elementary Grades 1-3 (6-9yrs)
	<input type="checkbox"/> Full Day Casa (2 ½ - 3y8m) Catered Lunches	<input type="checkbox"/> Upper Elementary Grades 4-6 (9-12yrs)
	<input type="checkbox"/> Full Day Casa (JK/SK 3y9m – 6yrs)	
	<input type="checkbox"/> Before Care	<input type="checkbox"/> After Care

CARPOOL	<input type="checkbox"/> Yes <input type="checkbox"/> No	Neighbourhood:
---------	----------------------------------------------------------	----------------

EMERGENCY CONTACT: If parent or guardian is unavailable	Name:	Relationship:
	Address:	Phone: Cell:
Names of others (excluding parents/guardians or emergency contact) to whom my child can be released:		

**PERMISSION FOR EMERGENCY MEDICAL TREATMENT**

I the undersigned, hereby give permission for emergency medical transportation and treatment to be administered to \_\_\_\_\_ for whom I am the legal parent/guardian. It is understood that whenever possible, parents or the emergency contact will be informed of the problem, diagnosis, treatment required and expected medical results.

Initial of Both Parents: \_\_\_\_\_

**ADMINISTRATION OF NON-PRESCRIBED MEDICATIONS**

I the undersigned, authorize the administration of Non-Prescribed Medication(s) such as sunscreen, hand cream, lip balm, etc. by KWMS and am providing the medication in its original container. I understand and accept that if problems arise giving/applying the non-prescribed medication (i.e. refusal by child to take the medication, side effects or allergic reaction) the teacher will stop giving/applying the medication and will notify me.

Initial of Both Parents: \_\_\_\_\_

**PERMISSION FOR OUTINGS**

This is to certify that I hereby give permission for my child to be included in all outings or excursions organized by The K-W Montessori School Inc. I understand that I will be given prior notice of all major outings, but that some short walks, neighbourhood trips, etc. may not be announced beforehand.

Initial of Both Parents: \_\_\_\_\_

**POLICIES & PROCEDURES**

This is to indicate that I agree to comply with the Policies and Procedures of The K-W Montessori School's Parent Handbook.

Initial of Both Parents: \_\_\_\_\_

**TAX RECEIPT**

I require a Childcare Tax Receipt for the current year 2021. This receipt is only available for students enrolled in the Casa program. For elementary students a Childcare Tax Receipt is issued for the costs of Before/After Care Programs only.

Print parent's name to appear on Tax Receipt: \_\_\_\_\_

**RELEVANT INFORMATION: PLEASE FILL OUT IN FULL**

Please list your main priorities for your child while they are at school?

What is the main reason that you have chosen K-W Montessori School for your child?

May we publish your comments including your name on our website?  Yes  No

Do you have any concerns you would like to share with us about your child?

Date:	Signature of Both Parents or Guardians:
-------	-----------------------------------------