



KW MONTESSORI SCHOOL
REGISTRATION FORM 2022-23

Date of Admission:

Date of Discharge:

<u>Student Information</u>			
Student Surname: _____	First Name: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>	Birthdate D/M/Y: _____
Student Address: _____	City: _____ Postal Code: _____	Home Phone: _____	
Name of School or Program Previously Attended & Location: _____			Length of Enrolment: _____
Names of Child's Siblings: _____			Birthdate(s): _____

<u>PARENT INFORMATION</u>	
Child Resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> One Parent (Child currently lives with: _____)	
Parent/Guardian 1: Mr. Mrs. Ms.	Parent/Guardian 2: Mr. Mrs. Ms.
Home Address if Different from Above: Home Phone: _____ Cell: _____ Email: _____	Home Address if Different from Above: Home Phone: _____ Cell: _____ Email: _____
Occupation: _____ Place of Work & Address: Daytime Phone: _____	Occupation: _____ Place of Work & Address: Daytime Phone: _____

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)	
Extended Care: <input type="checkbox"/> Before Care <input type="checkbox"/> After Care		

<u>BAGGED LUNCH PERMISSION (For children in NON-CATERED PROGRAMS)</u>
This is to acknowledge that my child is 44 months or older, or is enrolled in the 'kindergarten room', and is permitted to bring a bagged lunch from home. Initial of Both Parents: _____

EMERGENCY CONTACT: If parent or guardian is unavailable – Please make sure contact can be reached at the provided number.	Name:	Relationship:
	Address:	Phone:
Names of others (excluding parents/guardians or emergency contact) to whom my child can be released	Name:	
	Relationship:	
	Name:	
	Relationship:	

FAMILY DOCTOR/ PEDIATRICIAN	Name:	Phone:
	Address:	City:

MEDICAL INFORMATION	
Does your child have allergies? <input type="checkbox"/> Yes (please print clearly below) <input type="checkbox"/> No _____	
Special Medical Conditions: (e.g. eczema) _____	
*Please note for any allergies, medications or special instructions, you will need to complete additional forms	
Previous Communicable Disease: (e.g. chicken pox, hand/foot/mouth, lice)	
_____	Date: _____
_____	Date: _____
_____	Date: _____
All students must submit a copy of a 'Record of Immunization' as well as a completed Form A/B.	

SPECIAL INSTRUCTIONS/REQUESTS REGARDING SLEEP AND DIET:	
<u>Sleep/Rest Requests/Instructions:</u> _____ _____	
<u>Diet (ie., Vegetarian, Gluten free):</u> _____	

POLICIES & PROCEDURES

This is to indicate that I agree to comply with the Policies and Procedures of the KW Montessori School found in the Parent Handbook or provided at times throughout the school year.

Initial of Both Parents: _____

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 KW Montessori School. 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: _____

TAX RECEIPT

I require a Childcare Tax Receipt for the current year 2022. 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: _____

DATE: _____	Name of Child: _____ Signature Parent/Guardian 1: _____ Signature Parent/Guardian 2: _____
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