

# APPLICATION FORM



Application Date :

Date of Notification of Acceptance:

Parents reply regarding acceptance :

Date of Parents Reply:

Applicant Information			
Last Name:	First Name:	Middle Name:	Date of Birth: mm/dd/yy
Address:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Birth:
City:	Province:	Postal Code:	OFFICE USE: Birth certificate provided? <input type="checkbox"/> YES <input type="checkbox"/> No
Siblings name, age	1.	2.	3.
			4.

Parents / Guardian <i>Address (if not same as child's):</i>			
Mother:	Employer:	Work #	Email Address:
	Occupation:	Cell #	
Father:	Employer:	Work #	Email Address:
	Occupation:	Cell #	

Medical Information		
Child's Ontario Health Card #:	Name of Doctor:	Phone # of Doctor:
List any food restrictions:	List any/all allergies:	Does your child require an Epipen? <input type="checkbox"/> YES ( <i>see below</i> ) <input type="checkbox"/> No
Person other than the parent(s) who can be contacted in the event of an emergency:		Relationship to child:
Emergency contact Cell #:	Home #:	
*Epipen to be provided with Child's name on the prescription label. We require a new Epipen prior to expiry		

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## Program Selection and Tuition (includes healthy hot lunch and snacks prepared on site)

### Toddler

- 5 days -> \$1060/month
  - 4 days -> \$910/month Please indicate:  Mon  Tues  Wed  Thurs  Fri
  - 3 days -> \$760/month Please indicate:  Mon  Tues  Wed  Thurs  Fri
- Random additional days, if space is available -> \$56/day

### Casa

- 5 days -> \$995/month

## Extended hours required (indicate with a check mark)

### Not required

#### Full time students – Extended Care:

- Morning  7am – 8:45am ..... \$120/month
- Evening  4pm – 5pm ..... \$150/month
- Evening  4pm – 6pm ..... \$170/month
- Morning & Evening  ..... \$270/month
- Pay per use  ..... \$10/hour

#### Part time students – Extended Care:

- Morning  ..... \$6/day
- Evening  ..... \$9/day
- Morning and Evening  ..... \$13/day
- Pay per use  ..... \$10/hour

Please Note: **Drop off time: 8:30** **Class hours: 8:45am to 3:45pm** **Pick up by 4pm**

Previous school/Care provider:

Programs the child has participated in:

Toilet Training:  Not yet started  In progress  Toilet Trained

The child is able to communicate:  Yes  No  A little

Language(s) your child speaks:

## Health Information

### Considerations:

Are there any health considerations that would prohibit full participation in school activities?  Yes  No

If yes, please explain:

### Immunization:

- Yes Complete, up to date immunization records are required at the time of registration
- No Statement of Conscience or Religious Belief Affidavit form required (AMA can provide the form)

Please indicate if your child has had any of the following:  Speech and/or hearing therapy  Psychological assessment  
 Neurological evaluation  Visual examinations  Testing for learning differences (please specify)

## THANKYOU FOR CHOOSING OUR SCHOOL!

We will contact you within one week of receiving your application. Please tell us why you chose Authentic Montessori Academy. Your comments will be valuable to our commitment in building an environment of quality and excellence.

## ALL FIELDS MUST BE COMPLETED