

REGISTRATION FORM



Admission date:

Release date:

Student 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:	Part time students – Extended Care:
Morning <input type="checkbox"/> 7am – 8:45am \$120/month	Morning <input type="checkbox"/> \$6/day
Evening <input type="checkbox"/> 4pm – 5pm \$150/month	Evening <input type="checkbox"/> \$9/day
Evening <input type="checkbox"/> 4pm – 6pm \$170/month	Morning and Evening <input type="checkbox"/> \$13/day
Morning & Evening <input type="checkbox"/> \$270/month	Pay per use <input type="checkbox"/> \$10/hour
Pay per use <input type="checkbox"/> \$10/hour	

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

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)

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:

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Dismissal		
<i>Please list the names of people (other than the parents) who are authorized to receive the child upon school dismissal</i>		
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:

Contract / Agreement
<i>Please note:</i> The school closes at 6pm. When children are not picked up by 6:00, a late fee will apply and is due before the following Friday. Please pay any late fees at the school office. We appreciate your cooperation.
<i>Late fees are as follows:</i> (first time – notice of late pick up will be kept on file) 5 minutes late: a \$10 fee will apply plus \$1 for each additional minute

I am (We are) the Parent(s)/Guardian(s) who is (are) financially responsible for the applicant. I/we wish to enroll my/our child, _____ at Authentic Montessori Academy as outlined above.

I/We have read and accepted all terms and conditions as outlined above and agree to abide by these terms.

Name (please print)	Signature:
Name (please print)	Signature:
Date (mm/dd/yy)	

REGISTRATION FORM



FOR OFFICE USE ONLY:

Date Registration form received:	Received by:
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Check if received:

- Signed Parental/Guardian Agreement and Terms of Contract
- Copy of Birth Certificate
- Copy of Immunization Records
- Recent Photo of the Student
- Registration Fee: \$225
- Tuition Deposit: (for the month of June)
- Documents regarding custody if applicable

<input type="checkbox"/> Cheques	x	\$	Institution:	
	(# of cheques given)	(amount of cheques)		

<input type="checkbox"/> Cash	Denominations:	Cash amount:	Received by:
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AUTHENTIC MONTESSORI ACADEMY