# APPLICATION FOR ADMISSION

Student's Name:	Phone:
Address:	Date of Birth:/
Application For:	
Toddler Full Day	
Casa Morning	Casa Afternoon Casa Full Day
Father's Name:	Cell Phone:
Home Address:	Home Phone:
	email:
Work Address:	Work Phone:
	email:
Mother's Name:	Cell Phone:
Home Address:	Home Phone:
	email:
Work Address:	Work Phone:
Siblings:	email:
	Date of Birth:/
Name:	Date of Birth://

# ENROLMENT FORM

Student's Name:			1	Nickname:	Sex:
Home Address:			Felephone:		
				O.B.	
city Father's Name:	province	postal code		day month	year
Home Address:					
Tiome Address					
city	province	postal code	-		
Work Address:					
city	province	postal code	email:		
Mother's Name:	-	-		Cell Phone:	
			_		
city	province	postal code		W	
Work Address:					
city	province	postal code	email:		
IN CASE OF EMERGE	ENCY IF THE PARE	NTS CANNOT BE	EREACH	ED	
1.Name:			_Phone:		Relationship:
2.Name:			_Phone:		Relationship:
ADULTS TO WHOM	CHILD MAY BE RE	LEASED			
1.Name:			_Phone:		Relationship:
2.Name:			_Phone:		Relationship:
3.Name:			_Phone:		Relationship:
4.Name:			_Phone:		Relationship:
PEDIATRICIAN OR F	AMILY DOCTOR				
Name:					
Address:				Phone:	
SPECIAL INSTRUCTI	ONS REGARDING	DIET, ALLERGIE	<u>S, REST (</u>	<u>OR EXERCISE</u>	
In the event I can't	be reached, I give	permission for	my child	to receive treatmen	t: Yes 🔲 No 🗌
Parent Signature:				Date:	

## ENROLMENT FORM

#### PREVIOUS ILLNESS OR INJURY

TYPE:\_\_\_\_\_

\_Date of Occurrence:\_\_\_\_\_

SPECIAL MEDICAL CONDITIONS

#### RECORD OF IMMUNIZATION (CHOOSE ONE OF THE FOLLOWING)

# PLEASE ATTACH A COPY OF RECORD OF IMMUNIZATION

 TYPE:
 \_\_\_\_\_\_

Date of Occurrence:

	OR	
Date:	Diphtheria	
Date:	Rubella	
Date:	Pertussis	
Date:	Mumps	
Date:	Tetanus	
Date:	Measles	
Date:	Polio	
Date:	TB Skin Test and Result	
PREVIOUS COMMUNICABLE DISEASES	Date:	
	Date:	
Medication to be administered regularly Written instructions received		
Written instructions received		

Date Admitted:	Signature of Father:	
Date Withdrawn:	Signature of Mother:	
Date:	Signature of Physician:	

#### **ENROLMENT AGREEMENT**

THIS AGREEMENT is between White Pines Montessori Academy and the Parent(s) or Guardian(s) whose signature appears below.

- 1. I/We understand that all deposits are non-refundable, as their purpose is to confirm our child's position in White Pines Montessori Academy for the full academic year.
- 2. I/We agree to pay the school a \$100.00 registration fee, which is non-refundable. (This only applies to new students).
- 3. I/We understand and agree that our child is enrolled for the entire school year, unless unforeseen circumstances arise. In such case I/We will give the school 30 days notice. Deposit and Registration fees are not refundable.
- 4. In order to confirm placement for your child, all payments must be received by the school prior to enrolment, according to the payment plan chosen.
- 5. Extended Day Program fees are not included in tuition fees and a separate fee will be needed. Please indicate below if your child requires these programs
- 6. I/We have read the terms of enrolment for White Pines Montessori Academy and are in full agreement with the same. I/We have the obligation to pay the full year's tuition fees unconditionally, regardless of absence.

This Enrolment Agreement is binding for a period of one academic year

Payment plan chosen: \_\_\_\_\_A Advanced payment plan B Monthly payment plan

My child needs:

- \_\_\_\_\_ Before school program
  - \_\_\_\_\_ After school program until 5pm
  - \_\_\_\_\_ After school program from 5-6pm
  - Both Before and after school program (until 5pm)
  - Both Before and after school program (until 6pm)

Student Name (please print):

Parent/Guardian (s) Signatures:

Date: \_\_\_\_\_

Please note: there will be a \$30 service charge for any cheques returned as NSF.



#### CONSENT FORM

I hereby consent to let my child, \_\_\_\_\_\_, to be taken out of the school for periodic, well-supervised field trips. A copy of field trips will be sent home and will be posted on our bulletin board a week before the date of the event.

Also, if I cannot be immediately contacted, I consent for my child to be given the necessary care should an emergency arise resulting from an accident or illness while he/she is in the care of White Pines Montessori Academy. I understand that the school will continue to contact me to discuss details of the emergency and any medical expenses incurred for such treatment are my responsibility.

Signature of Parent(s) / Guardian(s): \_\_\_\_\_

Date:\_\_\_\_\_



#### **CONSENT FORM FOR TAKING PHOTOS**

I\_\_\_\_\_\_ authorize the teachers and the school to take pictures of my child \_\_\_\_\_\_ for school purposes. This includes but not limited to year book, class trips, and class activities.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



### NUTRITION GUIDELINES FOR MEALS SENT TO SCHOOL

Mealtime at school is an important part of the day. Good nutrition promotes healthy growth and development, and well-being. At White Pines Montessori, our role is to ensure the students receive nutritious meals, learn good eating habits and develop healthy attitudes toward food.

If your child is attending the before and/or afterschool program (s) please keep in mind the Canada Nutrition Food Guide when packing your child's snack. Make sure your child has grain products, fruits and vegetables. Dairy or milk products, such as yogurt and cheese are also welcome. Please keep in mind that all items must be stored in an isolated lunch bag with an ICEPACK inside. Please visit <u>http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php</u> for suggestions.

White Pines Montessori provides lunch and 2 nutritious snacks a day for full time students and 1 snack for half day students. Our lunch is catered by Princess Pea Catering.

### PLEASE NOTE THAT WHITE PINES MONTESSORI IS A NUT FREE ENVIRONMENT AND WILL NOT PERMIT ANY NUTS OR PRODUCTS THAT HAVE BEEN IN CONTACT WITH NUTS INTO THE SCHOOL.

I\_\_\_\_\_, understand the nutritious guidelines for snack for my child \_\_\_\_\_\_. I will provide a healthy snack for my child on a daily basis and will follow these guidelines.



### **SPECIAL DIETARY AND FEEDING ARRANGEMENTS**

Based on the Child Care and Early Years Act, 2014 every licensee shall ensure that where special dietary and feeding arrangements have been made with the licensee with respect to a child receiving care, the arrangements are carried out in accordance with the written instructions of a parent of the child.

This applies to our Before and After School Program, where snacks are provided by the parents; and to any particular feeding arrangement made for a child at our school. Other examples of special feeding arrangements are special occasions such as parties and/or birthdays. Parents who wish to make special feeding arrangements must fill out and sign this form before any special dietary and feeding arrangement may be carried out by the school.

I (name of parent)\_\_\_\_\_\_\_ will be providing for (name of student)\_\_\_\_\_\_\_: (please circle everything that applies)

- a. Healthy and nutritious snacks for **before and/ or afterschool**. In labelled containers and/or packaging that contains ingredients.
- b. An ingredient list to help ensure that allergens are not brought into the school.
- c. A snack that is certified NUT FREE and it has not been made in a facility that process NUT products. This applies for both, before and after-school snacks, and for birthdays or special occasions.
- d. Any drinks other than water or regular milk, such as Rice Milk, Organic Milk, Lactose Free Milk, or any other drink that is NUT FREE.

Other dietary arrangements that you wish to specify along with feeding instructions please do so in this area.

Parents should advise the school if there are any changes in feeding arrangements.

Date		

Signature\_\_\_\_\_