

## Application for Admission - PreK & Kindergarten program

Please answer all the questions that are appropriate to your child. Complete one form for each child who attends Nova Montessori Preschool.

**Pre-Kindergarten program** (The child should complete 4 years on or before 31<sup>st</sup> December of the academic year that starts in September).

**Kindergarten program** (The child should complete 5 years on or before 31<sup>st</sup> December of the academic year that starts in September)

**Academic Year:** 20\_\_\_ / 20\_\_\_ **Enrollment Date**(dd/mm/yyyy): \_\_\_\_\_

### Program

- |                                                                |                                                                  |
|----------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Half Day AM (8:30 am -12:00 noon)     | <input type="checkbox"/> Half Day PM (1:00 - 4:30 pm)            |
| <input type="checkbox"/> 5 Full Day (8:30 am -4:30 pm)         | <input type="checkbox"/> 4 Full Day (8:30 am -4:30 pm)           |
| <input type="checkbox"/> 3 Full Day (8:30 am -4:30 pm)         | <input type="checkbox"/> 2 Full Day (8:30 am -4:30 pm)           |
| <input type="checkbox"/> Morning Extended Care (7:30- 8:30 am) | <input type="checkbox"/> Afternoon Extended Care (4:30- 5:30 pm) |

### Child Information

Legal Name (First, Middle, Last): \_\_\_\_\_

Sex :  M  F Date of Birth (mm/dd/yy): \_\_\_/\_\_\_/\_\_\_

**Home Address:** \_\_\_\_\_  
 (Apt./Building# & Street name, City, Province, Postal code)

### Mother /guardian

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

(Apt./Building# & Street name, City , Province, postal code)

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email : \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Father/ guardian

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

(Apt./Building# & Street name, City , Province, postal code)

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email : \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Emergency Numbers: Other than parent or guardians

1. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

(Apt./Building# & Street name, City , Province, postal code)

& Street name, City , Province, postal code)

Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

(Apt./Building#

Home Phone : \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

**Names of individuals to whom child may be released:**

Name	Relationship	phone number
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If there are separation agreements, or court order parent or guardian will inform to the school of the custody and access arrangement.

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(Please specify type and duration of arrangement)

Names & Ages of Siblings:

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Please note any medical, physical, developmental or emotional conditions relevant to the care of your child: \_\_\_\_\_

I/We have read and understood the information of Nova Montessori Preschool Parent Guide and information disclosed are accurate.

\_\_\_\_\_  
**(Signature of Parent /Guardian)**

\_\_\_\_\_  
**(Date)**

**CHILD MEDICAL INFORMATION**

Manitoba Health Services Commission Registration Number

Manitoba Registration Number (6 digit): \_\_\_\_\_

Personal Identification Number (9 digit): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

(Apt./Building# & Street name, City , Province, postal code)

Any Medical Allergies: \_\_\_\_\_

Other Medical Concerns: \_\_\_\_\_

Medical Release: I give the directress of Nova Montessori Preschool permission to act on my behalf to deal with any medical emergency, which may arise.

\_\_\_\_\_  
**(Signature of Parent /Guardian)**

\_\_\_\_\_  
**(Date)**

**Permission to Photograph**

I, \_\_\_\_\_ (Parent/Guardian name), give permission for Nova Montessori preschool to photograph my child, \_\_\_\_\_ (child's name), for the following purposes:

Type of Use	Allow	Decline
Still Photographs display in child personal scrapbook		
Give photographs possibly containing your child to current clients		
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients		
Display still photos on child care website*		
Videos		
Give video to current parents		

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment

\_\_\_\_\_  
**(Signature of Parent /Guardian)**

\_\_\_\_\_  
**(Date)**

**TRANSPORTATION POLICY**

Nova Montessori does not provide transportation to or from school. It is the sole responsibility of parents to transport their child to and from school for the regular daily program. At the event of field trips special transportation are arranged by the school with the consent of the parents/guardian.

Nova Montessori Preschool needs the consent of the parents/guardian to take their children for walking trips in the neighbourhood.

**AUTHORIZATION FOR WALKING TRIPS**

I, (name of parent) \_\_\_\_\_ will permit staff of the Nova Montessori Preschool to take my child, (name of child) \_\_\_\_\_ for walking trips in the neighbourhood

\_\_\_\_\_  
**(Signature of Parent /Guardian)**

\_\_\_\_\_  
**(Date)**

### **AGREEMENT FOR SERVICES**

This agreement is a legal and binding contract between Nova Montessori Preschool Inc and parent(s)/guardian(s) of \_\_\_\_\_ (the child) for preschool or prekindergarten and kindergarten services.

- Parent(s)/guardian(s) agree to pay monthly fees on the 1<sup>st</sup> day of the month. Fees are non-refundable and non-transferable.
- Parent(s)/guardian(s) agree to provide one-month written notice to change to a different program.
- Parent(s)/guardian(s) agree to pay fees when Nova Montessori Preschool Inc. is closed for statutory holidays, civic holidays, and in-service days, one week over the summer (late June -early July), and one week over the Christmas holidays.
- Parent(s)/guardian(s) agree to pay late-pickup and early drop off penalty of \$10 for every 15 minutes of extra supervision.
- Parent(s)/guardian(s) agree to pay late payment fee of 10% of the monthly fee for first 5 days, and then \$5 per additional late day.
- Parent(s)/Guardian(s) agree to pay a 30\$ fee for a dishonored cheque.
- Parent(s)/Guardian(s) agree to provide one month written notice for withdrawal of a child from Nova Montessori Preschool Inc. and pay the fees in lieu of notice.
- Parent(s)/Guardian(s) agree to pay one-month fees in the event of immediate withdrawal or withdrawal with out notice.
- In the event of non-payment of fees with in two weeks of the due date, Nova Montessori Preschool reserve the right to immediately terminate the service without notice.
- Nova Montessori Preschool will recover outstanding fees and penalties through an appropriate collection method.
- Nova Montessori Preschool reserve the right to issue notice for withdrawal of the child due to aggressive, detrimental, threatening, or abusive behavior of the child, parent(s)/guardian(s) or common law partner. Parent(s)/guardian(s) agree to withdraw the child within two weeks from the date of notice.
- In circumstance when Nova Montessori Preschool staff determine that any child or parent is unable to adapt to the school or programs, Nova Montessori Preschool reserve the right to terminate services with two weeks notice.
- Parent(s)/guardian(s) agree to abide by policies of the Nova Montessori Preschool Parent's Guide.

I hereby acknowledge that I am aware of the conditions stated in this agreement and agree to abide by the requirements stated.

\_\_\_\_\_  
(Parent's/Guardian's name)

\_\_\_\_\_  
(Signature of parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Director's Name, Nova Montessori Pre.)

\_\_\_\_\_  
(Signature of the director)

\_\_\_\_\_  
(Date)