

Application for Admission - Preschool Program

Age Requirement: The child should be 2 years of age

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

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: _____

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

Home Phone: _____

Work/Cell Phone: _____

2. Name: _____

Relationship to child: _____

Address: _____

(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.

(Please specify type and duration of arrangement)

Names & Ages of Siblings:

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)

