

Application for Admission - Preschool Program

Age Requirement: The child should be 2 years of age

Please answer all the questions that are appro	opriate to your child.		
Complete one form for each child.	Location (please select one) 3311 Pembina Hwy.		
Enrollment Date (dd/mmm/yyyy):	2050 Chevrier Blvd.		
Program	☐ 613 St. Mary's Rd.		
☐ Half Day AM (8:30 am -12:00 noon)	☐ Half Day PM (1:00 - 4:30 pm)		
5 Full Day (8:30 am -4:30 pm)	4 Full Day (8:30 am -4:30 pm)		
☐ 3 Full Day (8:30 am -4:30 pm)	☐ 2 Full Day (8:30 am -4:30 pm)		
☐ Morning Extended Care (7:30-8:30 am)	Afternoon Extended Care (4:30- 5:30 pm)		
Child Information			
Legal Name (First, Middle, Last):			
Sex: ☐M ☐F			
Date of Birth (dd/mmm/yyyy): /	/		
	•		
(Apt./Building# & Street)	(Province) (Postal code) (Postal code)		
Mother /guardian	Father/ guardian		
Name:	Name:		
Home Address:	Home Address:		
(Apt./Building# & Street name, City , Province, postal code)	(Apt./Building# & Street name, City , Province, postal code)		
Home Phone:	Home Phone:		
Cell Phone:	Cell Phone:		
Email:	Email :		
Work Address:	Work Address:		
Work Phone:	Work Phone:		
Emergency Numbers: Other than parent o	r guardians		
1. Name:	2. Name:		
Relationship to child:	Relationship to child:		
Address:	Address:		
(Apt./Building# & Street name, City, Province, postal code) Home Phone:	(Apt./Building# & Street name, City , Province, postal code) Home Phone :		
Work/Cell Phone:	Work/Cell Phone:		

Names of individuals Name	t o whom child may be re Relationship	eleased: phone number
	agreements, or court orde and access arrangement.	r parent or guardian will inform to the
(Please specify type an Names & Ages of Siblin	nd duration of arrangement ngs:	t)
-	al, physical, developmental	l or emotional conditions relevant to the
	nderstood the information of disclosed are accurate.	of Nova Montessori Preschool Parent
(Signature of Pare	nt /Guardian)	(Date: dd/mmm/yyyy)
Manitoba Registration Personal Identification Doctor's Name: Doctor's Phone: Doctor's address: (Any Medical Allergies: Other Medical Concern Medical Release: I give	ces Commission Registration Number (6 digit): Number (9 digit): Apt./Building# & Street nations:	me, City, Province, postal code) ontessori Preschool permission to act on
(Signature of Pare	nt /Guardian)	(Date: dd/mmm/yyyy)

Permission to Photograph			
I. (Pa	rent/Guardian name), gi	ve permission f	or Nova
Montessori preschool to photograph my			child's
name), for the following purposes:	,		
Type of Use		Allow	Declin
Still Photographs display in child person	ıal scrapbook		
Give photographs possibly containing yo	ur 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	<u>,</u> *		
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 abov	e uses. I agree that this f	orm will remain	n in effect
during the term of my child's enrollment			
(Signature of Parent /Guardian)	(Date:	dd/mmm/yyyy)	
, ,	•	, ,,,,,,,,	
TRANSPORTATION POLICY			
Nova Montessori does not provide transp	ortation to or from schoo	ol. It is the sole	
responsibility of parents to transport thei	r child to and from school	ol for the regula	r daily
program. At the event of field trips special	l transportation are arra	nged by the sch	ool with
the consent of the parents/guardian.			
Nova Montessori Preschool needs the con	sent of the parents/guar	dian to take the	eir
children for walking trips in the neighbou	rhood.		
AUTHORIZATION FOR WALKING TRIPS			
I, (name of parent)		permit staff of	the Nova
Montessori Preschool to take my child, (n	_		
	for walking trips in th	e neighbourhoo	od
(Signature of Parent /Guardian)			
(bigilitate of full cite) dual diality	(Date	e: dd/mmm/yyyy))

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 1st 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: dd/mmm/yyyy)
(Director's Name, Nova Montessori Pre.)	(Signature of the director)	(Date: dd/mmm/yyyy)