



PHONE: (204) 599-5669
 EMAIL: contact@novamontessoripreschool.com

Application for Admission - PreK & Kindergarten Program

Please answer all the questions that are appropriate to your child. Complete one form for each child.

LOCATION (select one)			
<input type="checkbox"/>	3311 Pembina Hwy	☎ (204) 261-0647	<input type="checkbox"/>
<input type="checkbox"/>	613 St. Mary's Rd	☎ (204) 255-3659	<input type="checkbox"/>
			<input type="checkbox"/>
			2050 Chevrier Blvd ☎ (204) 414-1944
			483 Bannatyne Ave ☎ (204) 421-6411

PROGRAM (select one)	
<input type="checkbox"/> Pre-Kindergarten program (The child should complete 4 years on or before 31 st December of the academic year that starts in September).	
<input type="checkbox"/> Kindergarten program (The child should complete 5 years on or before 31 st December of the academic year that starts in September)	
Academic Year: 20____ / 20____	Enrollment Date:
Select one of the following programs:	
Half Day Program	Full Day Program (8:30 am - 4:30 pm)
<input type="checkbox"/> Half Day AM (8:30 am - 12:00 pm)	<input type="checkbox"/> 5 Days
<input type="checkbox"/> Half Day PM (1:00 - 4:30 pm)	<input type="checkbox"/> 4 Days M / T / W / Th / F
	<input type="checkbox"/> 3 Days M / T / W / Th / F
	<input type="checkbox"/> 2 Days M / T / W / Th / F
Extended Care	
<input type="checkbox"/> Morning Extended Care (7:30- 8:30 am) Days required M / T / W / Th / F	<input type="checkbox"/> Afternoon Extended Care (4:30- 5:30 pm) Days required M / T / W / Th / F

STUDENT INFORMATION	
Legal Name (First, Middle, Last):	Preferred Name:
Date of Birth (dd/mm/yyyy): ____ / ____ / ____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address:	
(Apt./Building# & Street)	(City) (Province) (Postal Code)



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PARENT/GUARDIAN 1 - This person will be our primary contact	
Name:	Relationship to child:
Home Address:	
<input type="checkbox"/> Same as student	
Primary Phone:	Email:
Work Address:	Work Phone:
PARENT/GUARDIAN 2	
Name:	Relationship to child:
Home Address:	
<input type="checkbox"/> Same as student	
Primary Phone:	Email:
Work Address:	Work Phone:

EMERGENCY CONTACT- other than parent or guardians			
Name:		Relationship to child:	
Home Address:			
(Apt./Building# & Street)	(City)	(Province)	(Postal Code)
Primary phone:		Work Phone:	
Name:		Relationship to child:	
Home Address:			
(Apt./Building# & Street)	(City)	(Province)	(Postal Code)
Primary phone:		Work Phone:	

NAMES OF INDIVIDUALS TO WHOM CHILD MAY BE RELEASED		
Name	Relationship to child	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 (dd/mm/yyyy)

CHILD MEDICAL INFORMATION	
Manitoba Health Services Commission Registration Number	
Manitoba Registration Number (6 digit):	Personal Identification Number (9 digit):
Physician's Name:	Physician's Phone:
Physician's Address:	
Allergies:	
Other Medical Concerns:	

MEDICAL RELEASE

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

Signature of Parent/Guardian

Date (dd/mm/yyyy)



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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
Include still photographs in your child's personal scrapbook		
Share photographs possibly containing your child to current clients		
Display photos in the facility's scrapbook or on bulletin boards, shown to current and prospective clients		
Display still photos on the childcare website/social media that may include your child		
Share videos that may include your child with 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 (dd/mm/yyyy)

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 (dd/mm/yyyy)



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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 without notice.
- In the event of non-payment of fees within 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/mm/yyyy)
_____ Director's Name Nova Montessori Pre.	_____ Signature of Director	_____ Date (dd/mm/yyyy)