

Edmonton Montessori School

9009 163 St NW, Edmonton, AB T5R 2N8

Tel: (780)266-8008

For Office Use Only

Date Received: _____

Age at Requested Start Date:

____ yrs. ____ mos.

Application Form

STUDENT INFORMATION

First Name _____	Last Name _____
Date of Birth ____ / ____ / ____ (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address _____	
Telephone _____	Language(s) Spoken at Home _____

PARENT INFORMATION

MOTHER/GUARDIAN 1

First Name _____	Last Name _____
Employer _____	Occupation _____
Business Phone _____	Cell Phone _____
Email _____	
Address If different from Child's Address _____	
Street	City
Postal Code	

PARENT INFORMATION

FATHER/GUARDIAN 2

First Name _____	Last Name _____
Employer _____	Occupation _____
Business Phone _____	Cell Phone _____
Email _____	
Address If different from Child's Address _____	
Street	City
Postal Code	

Please select the applicable programs

Daily drop in: \$ 50 per day Please provide the dates: _____

\$ 215 per week

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STUDENT MEDICAL INFORMATION

NAME _____

Child's Doctor Information (optional)	Child's Dentist Information (optional)
Name	Name
Address	Address
Telephone	Telephone

List any food or other allergies and describe the type of reaction or symptom (i.e. rash, swelling, convulsions etc.)

List any pertinent health needs or conditions of your child such as lengthy illness, vision / hearing problems, or regular medication including name of drug, reason and dosage details.

Note: If your child has an allergy, please bring in a current photo as well as a complete allergy information form. (Available at the office)

EMERGENCY CONTACT PERSONS

Contact 1	Contact 2
Name	Name
Relationship to child	Relationship to child
Home phone	Home phone
Work phone	Work phone
Cell phone	Cell phone

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PERMISSION TO RECEIVE EMERGENCY MEDICAL CARE

I, _____, parent of _____, understand that in the event of an accident or illness occurring to my child, the school will make every attempt to contact me or my spouse. If however, I or my spouse cannot be reached, I hereby give Edmonton Montessori School, its Employees authority to act on my behalf in case of emergency and to take appropriate steps to have my child's physician, other physician, or paramedic attend to my child.

Signature

Date

PERMISSION TO PARTICIPATE IN SCHOOL ACTIVITIES AND GO ON OUTINGS

I, _____, parent of _____, hereby grand permission for my child to use all of the paly equipment and participate in all of the activities of the school and to take part in any out-of-school events under the supervision of a staff member for neighbourhood walks or field trips in an authorized vehicle. In addition, "Going Out" is an important part of the school program involving small groups of children who plan and execute excursions into the neighbouring community. Walking or utilizing public transportation if necessary and accompanied by a staff-appointed chaperone, "Going-Out" experiences allow children to participate and explore our social and cultural society in relationship to school-related projects and activities.

Signature

Date

PERSON(S) TO WHOM CHILD MAY BE RELEASED

I, _____, parent of _____, hereby give authorization for the following person(s) to pick up my child from Edmonton Montessori School in my absence.

Signature

Date

Name	Relationship	Home Phone	Work phone

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TERMS OF CONTRACT

- Edmonton Montessori School (EMS) reserves the right to use all photographs and footage of participants for marketing and social media purposes. EMS will never publish names of participants. We ask that you please contact EMS in writing if you do not want your children to appear in any marketing or social media published by EMS. EMS assumes responsibility for all participants attending our programs. Participants are therefore expected to follow our rules and regulations which will be outlined upon arrival at camp. EMS reserves the right to appropriately discipline or in a very serious case, dismiss any participant who cannot conform to the rules. EMS assumes no responsibility for the loss, damage or theft of personal items or valuables brought to camp. Mobile phones, iPads or computers are not allowed (unless otherwise agreed) and we highly recommend not bringing such items to camp.
- I, agree to the terms and conditions of this contract and understand the information provided by EMS through our brochures, website, promotional materials and mailings and confirm that I allow my children to participate in sports and activities that may involve risk. These activities include, but are not limited to: skating, tobogganing and other outdoor adventure sports. EMS guarantees that these said activities will be carefully planned and closely supervised by EMS staff as well as, third parties that are carefully selected and contracted by EMS.

I understand and agree to abide by the terms of this contract and to comply with the rules and regulations of Edmonton Montessori School.

To enroll your child, the following must be submitted:

1. Completed Application Form and send it to edmontonms@gmail.com, or drop it off at the office.
2. E-transfer to edmontonms@gmail.com (with your child's name in the message box)

Name of Parent or Guardian _____

Signature _____ **Date** _____