

# The Discovery Montessori Inc.

6553 Ninth Line Mississauga ON L5N 7B9

Phone No: 905 - 824 - 9246

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## APPLICATION FOR ENROLLMENT

<b>APPLICATION/ENROLLMENT DATE:</b> Day / Month / Year	<b>START DATE:</b> Day / Month / Year	<b>DISCHARGE DATE:</b> Day/Month/Year
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### CHILD'S INFORMATION

<b>FIRST NAME</b>	<b>M. I.</b>	<b>LAST NAME</b>	<b>DATE OF BIRTH :</b> Day/Month/Year
<b>HOME ADDRESS : STREET NO. &amp; NAME</b>		<b>CITY</b>	<b>POSTAL CODE</b>
<b>PARENT'S HOME PHONE:</b>			

### PROGRAM SELECTION - Please check your selections below

<b>FULL DAY PROGRAM</b>	<b>HALF DAY PROGRAMS</b>	
8:45 am to 3:30 pm <input type="checkbox"/>	MORNING 8:45 am to 11:45 am <input type="checkbox"/>	WITH LUNCH 8:45 am to 12:30 pm <input type="checkbox"/>
	AFTERNOON 12:30 pm to 3:30 pm <input type="checkbox"/>	WITH LUNCH 11:45 am to 3:30 pm <input type="checkbox"/>

<b>BEFORE SCHOOL :</b> 8:00 am to 8:45 am <input type="checkbox"/>	<b>AFTER SCHOOL</b> 3:30 pm to 5:00 pm <input type="checkbox"/>
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### PARENTS / GUARDIAN INFORMATION

<b>Father's Full Name</b>	<b>Mother 's Full Name</b>
<b>Home Address</b> Same as Child <input type="checkbox"/>	<b>Home Address</b> Same as Child <input type="checkbox"/>
<b>Father's Cell Phone:</b>	<b>Mother's Cell Phone:</b>
<b>Father's Alternate Phone No:</b>	<b>Mother's Alternate Phone No:</b>
<b>Father's Work Phone:</b>	<b>Mother's Work Phone:</b>
<b>Father's Email:</b>	<b>Mother's Email:</b>

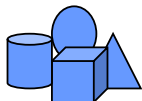
### EMERGENCY CONTACT PERSON - (IF THE PARENTS CANNOT BE REACHED)

Name	Relationship
Res Phone	Work/Cell Phone

### ADDITIONAL AUTHORIZED PICK UP PERSON (S) - The following additional individuals are authorised to pick up my child

Name	Relationship	Cell Phone
Name	Relationship	Cell Phone

**ADDITIONAL MEDICAL INFORMATION:** Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g., known medical conditions, skin conditions, vision/hearing difficulties):



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## ENROLLMENT AGREEMENT

**This Agreement is between The Discovery Montessori Inc and the Parent (s) or Guardian(s) whose signature appear below.**

1. I/We agree that the children will not be released to anyone not listed as "Additional authorised pick up person" in the enrollment form unless advised by the parent in writing and in advance.
2. I/We agree that a registration fee will be paid with this application. This fee is not refundable.
3. I/We agree that the full monthly fee is due regardless of the days in a month, absenteeism due to illness or inclement weather, personal leave of absence, medical or any other type of emergency, including all statutory holidays as well as winter holidays and spring breaks.
4. I/We agree that post dated monthly fee cheques dated for the first day of each month must be submitted for the whole school year from September to June. The monthly cheques should be made payable to "The Discovery Montessori Inc.".
5. I/We agree that no placement is confirmed unless the registration fee and all post-dated cheques are received by the school.
6. I/We agree that a written one month notice submitted prior to the first day of the month, or fee in lieu of, is required if a parent wishes to withdraw his child from the school for any reason. Full monthly tuition and fees are owing if written notice is provided on or after the first of the month. All post dated cheques will be returned to the parent for the remaining full months of the school year beyond the one month notice period.
7. I/We agree that if a parent has been granted sole custody by a court order, in which case only the custodial parent may be allowed to pick up the child. Parents will provide the school, a copy of the court order which prohibits or limits one parent's access to the child.
8. All personal Information provided to the Discovery Montessori Inc. will be treated in accordance with the terms of the school PRIVACY POLICY. By affixing your signature below, you agree that you have read, understood and have agreed to comply with all the policies and procedures and the terms and conditions as outlined above in this Application for Enrollment, Enrollment Agreement and all the policies as described in **The Discovery Montessori's Parent's Hand Book** .

### RELEASE INDEMNITY

By signing this Application for Enrollment form, I, the parent (the "Undersigned"), realize that even under close supervision, children may have occasional accidents. I, the Undersigned, hereby agree to indemnify and hold harmless The Discovery Montessori Inc., its agents, directors, owners, employees and contract staff from any and all claims, incidental, special or consequential damages and all other liabilities resulting from any harm or injury to my child which are not a direct result of the negligence of the Discovery Montessori Inc., its owners, directors, agents, employees and contract staff.

**Parents' Signature :**

**Date :**

Please ensure that the following documents are included with this signed and completed Application for Enrollment. Please return these filled out forms to the Directress of The Discovery Montessori Inc. along with the postdated cheques for the registration fee and for the school fee for the whole school year. Post-dated cheques must be received by the school at the time of registration.

1. Emergency Information form	4. A cheque for Registration fee - one time - non refundable, dated on the day of enrolment, Payable to "The Discovery Montessori Inc." Please see the fee schedule for details
2. Medical profile including details of any allergies, authorization for medication, if applicable and any special dietary requirements.	5. Ten post dated Monthly fee cheques , dated first day of each month from Sept to June, payable to "The Discovery Montessori Inc".
3. Two Copies of your child's current immunization record	6. Photo consent form.