



Student Registration
Form 2024 – 2025 School Year

Class: _____AM _____PM

_____Preschool
(must be 3 as of Sept. 1st 2024)

_____Kindergarten
(must be 5 as of December 31st 2024)

Student Information

Student's Legal Last Name: _____

Student's Legal First Name: _____

Student's Legal Middle Name: _____

Gender: male female

Birth date: _____
month / day / year

Student's Birth Country: _____

Address: _____(P.O. Box/Street)

_____ (City)

_____ (Postal Code)

Telephone Number: _____

Alberta Health Care Number: _____

Parent/Guardian Information

Mother's name: _____

Place of Employment: _____

Home Address: _____

Phone: _____ _____ _____
 home work cell

E-mail address: _____

Father's name: _____

Place of Employment: _____

Home Address: _____

Phone: _____ _____ _____
 home work cell

E-mail address: _____

If you cannot pick up your child, please give the names, contact information (telephone number and address) and relationship of person to whom the child can be released:

Person to contact in case of emergency other than
parents/guardians:

FIRST EMERGENCY CONTACT

Name: _____

Relationship to child: _____

Telephone: _____

Address: _____

SECOND EMERGENCY CONTACT

Name: _____

Relationship to child: _____

Telephone: _____

Address: _____

Signature of Parent/Guardian: _____

Date Signed: _____

FOR SCHOOL USE ONLY: Date received: _____

Signature: _____

Medical Alert Information

Student Name: _____

Child's Physician: _____

Address: _____

Telephone Number: _____

Does the child have annual medical checkups?

YES NO

Are your child's immunizations up to date?
(Please supply a copy of an immunization record.)

YES NO

Does your child have any allergies?

YES NO

If YES please describe _____

Does your child have any ongoing medication?

YES NO

If YES please describe _____

Please indicate any concerns about your child _____

Signature of Parent/Guardian

Date

St. Albert Montessori School
6 Bernard Drive
St. Albert, Alberta T8N0B4

Registration Document (2023 – 2024)

All registration forms must be completed and accompanied by:

- 1) \$50.00 non-refundable registration fee
- 2) \$650.00 tuition deposit
- 3) 10 post-dated cheques for \$440.00 dated for the first of each month (September 1, 2024 thru to June 1, 2025). If you apply and are approved for the preschool flat rate subsidy rate of \$125/month, fees are reduced to \$315/month.
- 4) \$100.00 non-refundable field trip fee

*Please Note: Monthly fees are due on the first day of each month (cash or post-dated cheques are accepted). Late fees are subject to a \$10/day late fee charge. Also, NSF cheques are subject to a \$25.00 charge. Fees are subject to change and **please make cheques payable to St. Albert Montessori School Ltd.***

Withdrawal Information:

A written notice must be given two months in advance of the 1st of a month your child won't be attending school, or one month tuition will be due. For example, if your child is going to attend school until November 30th a notice needs to be received by St. Albert Montessori School on or before October 1st.

Withdrawals must be made by January 1st in order to accommodate another student and ensure you receive pro-rated tuition deposit refund. All withdrawals made after January 1st will be subject to full tuition deposit.

Vacations and missed field trips are non-refundable.

I hereby accept the terms as set out by St. Albert Montessori School

Signature of Parent/Guardian

Date

Short Outings Permission

Alberta Social Services regulations require parent signature on a general permission form stating that we (St. Albert Montessori School) have permission to take your child to the park or on a short outing such as a nature walk during class time. This is not a permission form for field trips to any specific location away from school, only a general form meant to last the entire school year.

I _____, give permission for my child,
_____ to participate in activities pertaining to
St. Albert Montessori School in the facility, nearby parks or surrounding nature areas.

Signature of Parent/Guardian

Date

Medical Emergency Transportation Permission

Alberta Social Services regulations require parent signature on a general permission form stating that we (St. Albert Montessori School) have permission to call and give permission to an ambulance service to transport your child/children to the appropriate medical facility in case of a medical emergency. This is a general form meant to last the entire school year.

I _____, give permission for my child
_____ to be transported by an ambulance service to
an appropriate medical facility in case of emergency.

St. Albert Montessori School will not be held responsible for any payment of ambulance services needed by your child while in our care.

Signature of Parent/Guardian

Date

St. Albert Montessori School
6 Bernard Drive
St. Albert, Alberta T8N0B4

Release Form (2024 – 2025)

I _____ (please print your name in full), hereby consent and authorize St. Albert Montessori School to use photographs and videos taken of my child for internal newsletter, news releases, and St Albert Montessori School promotional materials, including online, printed documents, posters created for and controlled by St. Albert Montessori School. My child's name will not be used. I will make no monetary or other claim against St. Albert Montessori School for the use my child's photograph or a video in the above mentioned media.

Student (print full name) _____

Parent/Guardian (print full name) _____

Address _____

City, Province, Postal code _____

Telephone _____

E-mail _____

Signature of Parent/Guardian

Date

The information that you provide to St. Albert Montessori School is collected under the authority of the Alberta Personal Information and Privacy Act. The information will be used for contact purposes only.