Educara
Montessori Child Care
275 Tartan Drive, Ottawa, ON
Email: info@educara.ca web: www.educara.com

## FORM INSTRUCTIONS:

Please fill out, print and return this form to initiate the registration process with Educara. By submitting this form you agree to Educara's Privacy Policy (available at www.educara.ca/privacy ) and understand that submitting this form does not imply acceptance to our programs. Admission is subject to space availability. Should space not be available, you will be advised and your registration information may be added to a waiting list of potential candidates.

## Student Information

Given Name: _____ Surname: _____

Address: _____ City: _____ Prov: ___ ON Postal Code: _____

Birth Date: _____ Male ☐ Female ☐ First Language: _____
*(yyyy-mm-dd)*

**Program Requested:** Toddler ( 18-30 mos.) Core 9:00 am - 4:00 pm

Allergies: Epi Pen is required: ☐

_____

Known medical conditions (eg. Asthma etc)

## Mother/Guardian 1:

Given Name: _____ Surname: _____

Home Phone: _____ Work Phone: _____ Ext. _____ Mobile: _____

Preferred E-Mail: _____

Same home address as child: ☐ No work address: ☐

Home Address: City: Prov: ON Postal Code:

Work Address: City: Prov: ON Postal code:

## Father/Guardian 2: Not applicable: ☐

Given Name: _____ Surname: _____

Home Phone: _____ Work Phone: _____ Ext. _____ Mobile: _____

Preferred E-Mail: _____

Same home address as child: ☐ No work address: ☐

Home Address: City: Prov: ON Postal Code:

Work Address: City: Prov: ON Postal code:

**The form continues on page 2**

## Emergency Contact Information

I/we do not have emergency contacts: ☐

**Contact 1:** Given Name: Surname:

Preferred Phone: Alternate Phone:

This person is authorized to pick up my child: ☐ Relationship: Other Please specify

Contact 3: Given Name: Surname:

Preferred Phone: Alternate Phone:

This person is authorized to pick up my child: ☐ Relationship: Other Please specify

Contac3: Given Name: Surname:

Preferred Phone: Alternate Phone:

This person is authorized to pick up my child: ☐ Relationship: Other Please specify

## Dietary Restrictions:

**I/we will be providing meals for our child:** ☐

Please indicate any dietary restrictions your child has:

## Notes:

Please provide any special instructions regarding sleep and/or physical activity and any other information that might assist us care for your child:

**By submitting this form I agree to abide by Educara's admission procedures and fees.**

**Signature: _____ Date: _____ (yyyy-mm-dd)**

**Submit Form** **Print**

For office use only: Child admitted? ☐ Admission Date Discharge Date