

The Discovery Montessori Inc.

6553 Ninth Line Mississauga ON L5N 7B9

Phone No: 905 - 824 - 9246

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APPLICATION FOR ENROLLMENT

APPLICATION/ENROLLMENT DATE: Day / Month / Year	START DATE: Day / Month / Year	DISCHARGE DATE: Day/Month/Year
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CHILD'S INFORMATION

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

PROGRAM SELECTION - Please check your selections below

FULL DAY PROGRAM	HALF DAY PROGRAMS
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"/>
BEFORE SCHOOL : 7:30 am to 8:45 am <input type="checkbox"/>	AFTER SCHOOL 3:30 pm to 5:00 pm <input type="checkbox"/>

PARENTS / GUARDIAN INFORMATION

Father's Name	Occupation
Home Address	Work Address
Father's Cell Phone:	Work Phone

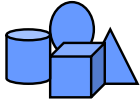
Mother's Name	Occupation
Home Address	Work Address
Mother's Cell Phone:	Work Phone

EMERGENCY CONTACT PERSON

Name	Relationship
Res Phone	Work/Cell Phone

AUTHORIZED PICK UP PERSON (S)

Name	Relationship
Name	Relationship



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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 "authorised pick up" 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 a full month fee cheque dated for the day of enrolment and balance post dated monthly fee cheques must be submitted for the whole school year from September to June. The balance monthly cheques should be dated for the first day of each month and made payable to "The Discovery Montessori Inc.".
5. I/We agree that no placement is confirmed unless the advance month fee and all post-dated cheques and registration fee is 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. I/We agree that we have read the Parents hand book carefully and that we agree to follow the school policies and instructions.

Please fill out the enrolment and other enclosed forms carefully and return these 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 at the time of registration.

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.

Please ensure that the following documents are included with this signed and completed Application for Enrollment.

1. Emergency Information form	4. A cheque for Registration fee - one time - non refundable, Payable to "The Discovery Montessori Inc." Please see the fee schedule for details
2. Medical profile including authorization for medication, if applicable	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	

Parents' Signature :

Date :

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 above, you agree that you have read, understood and have agreed to comply with all the policies and the terms and conditions as outlined above in this application form, enrollment agreement and as described in The Discovery Montessori's Parent's Hand Book including the school PRIVACY POLICY.