The Discovery Montessori Inc.

6553 Ninth Line Mississauga ON L5N 7B9
Phone No: 905 - 824 - 9246

APPLICATION FOR ENROLLMENT

APPLICATION/ENROLLMENT DATE: Day / Month / Year	START DATE: Day / Month / Year	DISCHARGE DATE: Day/Month/Year

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:	

PROGRAM SELECTION - Please check ☑ your selections below

FULL DAY PROGRAM	HALF DAY PROGRAMS
8:45 am to 3:30 pm ☐	MORNING 8:45 am to 11:45 am ❑ WITH LUNCH 8:45 am to 12:30 pm ❑
	AFTERNOON 12:30 pm to 3:30 pm ❑ WITH LUNCH 11:45 am to 3:30 pm ❑

BEFORE SCHOOL : 8:00 am to 8:45 am ☐ **AFTER SCHOOL** 3:30 pm to 5:00 pm ☐

PARENTS / GUARDIAN INFORMATION

Parent 1, Full Name	Parent 2, Full Name
Home Address Same as Child ☐	**Home Address** Same as Child ☐
Parent 1, Cell Phone:	**Parent 2, Cell Phone:**
Parent 1, Alternate Phone No:	**Parent 2, Alternate Phone No:**
Parent 1, Work Phone:	**Parent 2, Work Phone:**
Parent 1's Email:	**Parent 2, Email:**

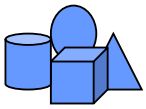
EMERGENCY CONTACT PERSON - (IF THE PARENTS CANNOT BE REACHED)

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 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.

3. I/We agree that post dated monthly fee cheques dated for the first calendar 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."

4. I/We agree that no placement is confirmed unless all monthly post-dated cheques are received and accepted by the school.

5. 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.

6. 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.

7. All personal Information provided to the Discovery Montessori Inc. will be treated in accordance with the terms of the school PRIVACY POLICY.

8. By affixing my/our signature below,I/we agree that I/we 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, The Enrollment Agreement and all the school 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.

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 school fee for the whole school year. **The child's registration will only be confirmed when the post-dated fee cheques are received along with the completed registration documents.**

1. Emergency Information form	**4. Ten post dated Monthly fee cheques , dated first day of each month from Sept to June, payable to "The Discovery Montessori Inc".**
2. Medical profile including details of any allergies, authorization for medication, if applicable and any special dietary requirents.	**5. Photo consent form.**
3. One copy of your child's current immunization record	