

Registration Form
 Toronto French Montessori School
 For the Academic Year: 20__ / 20__



<input type="checkbox"/> Stouffville Campus			
STUDENT:			
Child's Surname: _____		Given Names: _____	
		Birth Date: <i>dd/mm/yyyy</i>	Sex: _____
Street Number & Address _____		City-Prov. _____	Postal Code: _____
		Home Phone #: () _____	
PARENT(S):			
Mother's Full Name: _____		Marital Status: _____	Business Phone #: () _____
Address (If different) : _____		Postal Code: _____	Cellular Phone #: () _____
Business Name _____		Profession: _____	
Address: _____		Postal Code: _____	
		Email Address: _____	
Father's Full Name: _____		Marital Status: _____	Business Phone #: () _____
Address (If Different): _____		Postal Code: _____	Cellular Phone #: () _____
Business Name: _____		Profession: _____	
Address: _____		Postal Code: _____	
		Email Address: _____	
**Custody Concerns: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please attach legal documentation.</i>			
LANGUAGE:			
First Language of Student: _____		Language Spoken at home: _____	
SIBLING(S)			
Full Name: _____		Age: _____	Daycare/School Attending: _____
1. _____			
2. _____			
3. _____			
How Did You Learn About Our School?			
<input type="checkbox"/> Newspaper/Magazine Ad _____ <input type="checkbox"/> Bus Stop Billboard Ad _____ <input type="checkbox"/> Radio Ad _____ <input type="checkbox"/> Online Search Engine (e.g. Google) _____			
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Personal Referral : _____			
Additional Pickup Privilege and Emergency Contacts:			
Pickup Privilege:	Emergency Contact:	Full Name:	Relationship to Child:
Cell Phone #			
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
Program Preferred:			
<input type="checkbox"/> 10 month program (September to June) <input type="checkbox"/> 12 month program (September to August) <input type="checkbox"/> Casa / Pre-Casa 5 Full Days 9:00 a.m. – 3:00 p.m. <input type="checkbox"/> Casa / Pre-Casa 5 Half Days (Mornings) 9:00 a.m. - 11:30 a.m. <input type="checkbox"/> Casa / Pre-Casa 5 Half Days (Afternoons) 1:00 p.m. – 3:00 p.m.		BEFORE/AFTER SCHOOL CLUB: <input type="checkbox"/> 7:30 a.m. – 9:00 a.m. <input type="checkbox"/> 3:00 p.m. – 5:00 p.m. Approximate time of Drop off: _____ and Pick up: _____.	

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Toronto French Montessori School

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Child's Full Name: _____

Photograph of Child:

Medical Information:

Child's Physician's Name:	Physician's Address:	Postal Code:	Phone #: ()
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Child's Health Card #:	*Please Provide TFMS with a Photocopy of Child's Immunization Card.
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Please answer the following questions accurately, and provide TFMS with as many details as possible.

Does Your Child Have:

1. A Social or Emotional Condition? Yes No
 If Yes, please explain: _____

2. A Condition or Behaviour that would require special attention or a special diet? Yes No
 If Yes, please explain: _____

3. Has student previously received Special Education support? Yes No | Type of Program: _____

4. A Physical Condition? Yes No
 If Yes, please explain: _____

5. Allergies? Yes* No
 Allergy: _____
**If Yes, please pick up a special allergy form from our Reception Office; complete and return it with your application form.*

6. A history of a communicative disease? Yes No
 If Yes, please submit to TFMS prior to the child's first day of school a separate letter from your doctor with an explanation.

If TFMS is not provided with accurate details, TFMS, their agents and employees, cannot be held responsible and most hold the parents liable if a child has an allergic reaction.

Tuberculin Test Date and Results: Negative Positive

Please list any hobbies or special interests your child may have:

I authorize **Toronto French Montessori School** to contact the previous school(s) to confirm no fees are owing from our previous school(s).
 Name of Previous School/Daycare attended: _____
 _____ Previous grade attended: _____

➤ I understand that all information given to the Toronto French Montessori School is kept for the sole purpose of the school. TFMS does not release any personal information of its students unless permission has been given by the parents.

Child's Starting Date at TFMS: Day: _____ Month: _____ Year: 20__

Parent/Guardian's Signatures: _____ Date: _____



TFMS MEDICAL WAIVER

I, _____, the Parent of _____, understand that in the event of an accident or illness occurring to my child, the Toronto French Montessori School will make every attempt to contact me and/or my spouse. If however, I or my spouse cannot be reached, I hereby give the Toronto French Montessori School, its directors, officers, agents and employees authority to act on my behalf in case of an emergency and to take appropriate steps to have a doctor attend to my child.

I also agree to release and indemnify the Toronto French Montessori School, its directors, officers, agents and employees from any and all claims for damages arising from any injury or otherwise related actions to my child as a result of an accident, illness, injury or for any other reason arising from participation in any school activities.

TFMS PHOTOGRAPHIC WAIVER

I, _____, the Parent of _____, do ____/do not _____ authorize my child's photographs to be used for school activities and school event purposes only, including the TFMS Yearbook and monthly newsletters.

I do ____/do not _____ authorize the Toronto French Montessori School to use _____'s picture for school advertising, such as on the TFMS website, local newspapers, and local magazines.

I have read and understood the above waivers.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____