**Registration Form** Toronto French Montessori School For the Academic Year: 20\_\_ / 20\_\_\_



□ St	ouffville C	ampus								
STUDENT:										
Child's Surname:			Given Names:			Birth Date: (		dd/mm/yyyy	Sex:	
Street Number & Address			City-Prov.			Postal Code:		Home Phon	e #:	
PARENT(S)	:									
Mother's Full Name:			Marital Status:			Business Phone			#: ( )	
Address (If different) :			Postal Code:					Cellular Phone #: ( )		
Business Name					Profession:					
Address: Postal Code:				2:	Email Address:					
Father's Full Name:			Marital Status:					Business Phone #: ( )		
Address (If	Different):		Postal Code:					Cellular Phone #: ( )		
Business Name:								Profession:		
Address: Postal Code:				2:		Email Address:				
**Custody Concerns:   Yes   No   If yes, please attach legal documentation.  LANGUAGE:										
LANGUAGE	L.									
	age of Student		Langu	uage Sp	oken at hom	ne:				
Full Name:			ao.		Daycare/School Attending:					
1.			^^A	Age:			DayCare/School Attending.			
2.										
3.										
	ou Learn Abou									
□ Newspaper/Magazine Ad □ Bus Stop Billboard Ad					oard Ad 🗆	Radio	o Ad 🗆	Online Search E	ingine (e.g. Google)	
□ Other:			□ Person	al Refe	rral :					
Additional	Pickup Privileg	ge and Emergency Contacts:								
Pickup Privilege:	Emergency Contact:	Full Name:			Relationship to			hild:	Cell Phone #	
Program Pi	referred:									
<ul> <li>□ 10 month program (September to June)</li> <li>□ 12 month program (September to August)</li> <li>□ Casa / Pre-Casa 5 Full Days</li> <li>9:00 a.m. – 3:00 p.m.</li> </ul>				ı.	BEFORE/AFTER SCHOOL CLUB:  ☐ 7:30 a.m. – 9:00 a.m.  ☐ 3:00 p.m. – 5:00 p.m.					
□ Casa / Pre-Casa 5 Half Days (Mornings)       9:00 a.m 11:30 a.m.         □ Casa / Pre-Casa 5 Half Days (Afternoons)       1:00 p.m 3:00 p.m.					Approximat	te time o	τ Drop off:	:	and Pick up:	<del>-</del>

# **Registration Form** Toronto French Montessori School

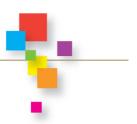
	For the Academi	ic Year: 20 / 20_		OROHIL					
Child's Full Name:				P					
Photograph of Child:				Discipline et					
20 11 11 6									
Medical Information: Child's Physician's Name:	Physician's Address:	Postal Code:	Phone #: (	1					
Ciliu's Filysician's Name.	Filysiciali s Address.	rostal code.	Filone #. (	)					
Child's Health Card #:		*Please Provide TFMS with a Photocopy of Child							
Please answer the following questions	accurately, and provide TFMS	with as many details as	s possible.						
Does Your Child Have:									
<ol> <li>A Social or Emotional Condition</li> </ol>									
If Yes, please explain:									
A Condition or Behaviour that would require special attention or a special diet? □ Yes □ No									
If Yes, please explain:									
·				·····					
Has student previously receive		□ Yes □ No	Type of Program:						
4. A Physical Condition? ☐ Yes ☐ No									
If Yes, please explain:									
5. Allergies? □ Yes* □ No									
*If Yes, please pick up a special aller	Allergy: av form from our Reception O	ffice: complete and retu	rn it with your applic	ation form.					
6. A history of a communicative d		jjice, compiete ana reta	your applie						
If Yes, please submit to TFMS p		school a separate letter f	from your doctor wit	h 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 speci	al interests your child may ha	NO.							
Please list any hobbies or special interests your child may have:									
I authorize Toronto French Montessori S		school(s) to confirm no	fees are owing from	our previous school(s).					
Name of Previous School/Daycare attend	ed:								
			Previous gr	ade attended:					
Lundoustand that all informs	ation given to the Tarante Fre	nob Mantossa:: Cabaali	a kont for the select	whose of the cohest TENAS deser					
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.									
not release any personal line	amation of its students unless	o permission has been gi	ven by the parents.						
Child's Starting Date at TFMS: Day:	Month:	Year: 20							
Canada Saturdang Saturdan Surj. Montain 1cuit. 20									

Parent/Guardian's Signatures:\_\_



## TORONTO FRENCH MONTESSORI SCHOOL





### **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.	d
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.	S
TFMS PHOTOGRAPHIC WAIVER	
I,, the Parent of,	
do/do notauthorize my child's photographs to be used for school activities and school evo	ent
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	al
newspapers, and local magazines.	
I have read and understood the above waivers.	
Name of Parent/Guardian:	
Signature of Parent/Guardian:	