

# Registration Form

## Toronto French Montessori School

For the Academic School Year: 20\_\_ / 20\_\_



<input type="checkbox"/> <b>Willowdale Campus</b>				
<b>STUDENT:</b>				
Child's Surname:		Given Names:	Birth Date: <i>dd/mm/yyyy</i>	Sex:
Street Number & Address		City-Prov.	Postal Code:	Home Phone #: (    )
<b>PARENT(S):</b>				
Mother's Full Name:		Marital Status:	Business Phone #: (    )	
Address (if different) :		Postal Code:	Cellular Phone #: (    )	
Business Name		Profession:	Email Address:	
Address:		Postal Code:	Business Phone #: (    )	
Father's Full Name:		Marital Status:	Cellular Phone #: (    )	
Address (if Different):		Postal Code:	Profession:	
Business Name:		Profession:	Email Address:	
Address:		Postal Code:	Email Address:	
**Custody Concerns: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please attach legal documentation.</i>				
<b>LANGUAGE:</b>				
First Language of Student: _____			Language Spoken at home: _____	
<b>SIBLING(S)</b>				
Full Name:		Age:	Daycare/School Attending:	
1.				
2.				
3.				
<b>How Did You Learn About Our School?</b>				
<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 : _____				
<b>Emergency Contacts: (If Parents are Unavailable)</b>				
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"/>			
<b>Program</b>				
<b>Program Preferred:</b>			<b>After School Care:</b>	
<input type="checkbox"/> Casa Full Days (2.5 yrs to 5 yrs)                      8:30 a.m. – 3:00 p.m.			<input type="checkbox"/> 3:00 p.m. – 5:00 p.m.	
<input type="checkbox"/> Elementary (Grade 1 to 8)                                      8:30 a.m. – 3:00 p.m.			Approximate time of pick up: _____	

# Registration Form

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For the Academic School Year: 20\_\_ / 20\_\_



Child's Full Name: \_\_\_\_\_

Photograph of Child:

<b>Medical Information:</b>			
Child's Physician's Name:	Physician's Address:	Postal Code:	Phone #: (     )

Child's Health Card #:	<b>*Please Provide TFMS with a Photocopy of Child's Immunization Card.</b>
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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: \_\_\_\_\_