



## SPRING SESSION REGISTRATION FORM

TORONTO FRENCH MONTESSORI SCHOOL – STOUFFVILLE CAMPUS

**March 17 to 21, 2025**

*For students aged 18 months to 6 years old*

Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Female ☐  
(Family Name) (Given Name) (dd / mm / year)  
Male ☐

### New Students Only:

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Allergy (If any): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone #

Health Card # (optional): \_\_\_\_\_

### Mother/Guardian

_____	_____	_____	_____
Name	Home Tel.	Bus. Tel.	Cell Tel.

### Father/Guardian

_____	_____	_____	_____
Name	Home Tel.	Bus. Tel.	Cell Tel.

### Emergency Contact

_____	_____	_____	_____
Name	Home Tel.	Bus. Tel.	Cell Tel.

- The School reserves the right to change/cancel the session depending on the number of students.
- Please sign the reverse side for conditions and acceptance and return to the school along with payment no later than **Friday, February 28<sup>h</sup>, 2025**

Please fill out both sides



**TORONTO FRENCH MONTESSORI SCHOOL**  
**MARCH BREAK SESSION-AGREEMENT**

**CONDITIONS FOR ACCEPTANCE AT TORONTO FRENCH MONTESSORI SCHOOL**

**Your agreement to accept all of the following conditions is necessary in order for your child to be accepted for enrollment at the Toronto French Montessori School March Break Session.**

- I/We hereby apply for registration for the herein-named child for the services indicated in this application.
- I/We have enclosed the post-dated cheque for the payment in full for the child to be registered.
- I/We hereby give TFMS officials permission to act on my/our behalf in case of an emergency.
- I/We agree to release and indemnify Toronto French Montessori School from any and all claims for damage arising as a result of any accident, injury, or otherwise sustained by the herein-named child arising from participating in any activities that is not caused as a result of the negligent act/omission of Toronto French Montessori School and/or its staff.

**Please checkmark the applicable time and period of session below:**

Half day: 9:00am – 11:30am | Full day: 9:00am – 3:00pm

**Summer Fees:**

Program:	Fees:	Weeks / Qty:	Cost:
<input type="checkbox"/> Casa -Full Day	\$350/week		
<input type="checkbox"/> Pre Casa -Full Day	\$400/week		
<input type="checkbox"/> Pre Casa -Half Day	\$245/week		
<input type="checkbox"/> Hot Lunch (mandatory)	\$35/week		
<input type="checkbox"/> Extra Care PM (3-5pm)	\$60/week		
<input type="checkbox"/> Extra Care AM (7:30-9am)	\$30/week		
		<b>Total:</b>	

AM drop off time: \_\_\_\_\_ | PM pick up time: \_\_\_\_\_ | Nap: Yes ☐ No ☐

**Please select:** ☐

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Office Use Only:**

Date Received: \_\_\_\_\_ Deposit Received: \_\_\_\_\_ Cash: \_\_\_\_\_ Cheque #: \_\_\_\_\_

Registrar Signature: \_\_\_\_\_

Please fill out both sides

