

APPLICATION FOR ADMISSION (SUMMER)

Registration Form

ENROLMENT INFORMATION (For Office Use Only)		Reg. Date:	Receipt #:	
Camp Dates:		Program: <input type="checkbox"/> Half Day (AM/ PM) <input type="checkbox"/> Full Day <input type="checkbox"/> Extended		
Student Information				
Student Legal Name - Family Name, First Name and Middle Name				
Preferred Name - Last Name, First Name				
Date of Birth: (yyyy/mm/dd)		Age on Start Date:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Address: #/Street		City/Town		Postal Code
Home Phone Number:		Country of Birth:		
First Language:		Language(s) Spoken at Home:		
My child is: <input type="checkbox"/> Toilet Trained (In underwear) <input type="checkbox"/> Toilet Training (<input type="checkbox"/> uses pull-ups <input type="checkbox"/> uses diapers) <input type="checkbox"/> In diapers		Do you want your child to nap in the afternoon? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Any Special Care Needed (Diet, Rest, Physical Activity)?		
Name of the last school / daycare attended:				
Parent/Guardian Information #1				
Name - Last Name, First Name:			Salutation: (Mr./Ms./Mrs/Dr)	
Relationship to Student:		Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		Email address:		
Home Phone Number:		Cell Phone Number:		Work Phone # ext.
Place of Employment & Address:				
Home Address (if different from student):				
Parent/Guardian Information #2				
Name - Last Name, First Name:			Salutation: (Mr./Ms./Mrs/Dr)	
Relationship to Student:		Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		Email address:		
Home Phone Number:		Cell Phone Number:		Work Phone # ext.
Place of Employment & Address:				
Home Address (if different from student):				

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Medical Information

Ontario Health Card Number:		Doctor's Contact Number:	
Student's Doctor Name:		Doctor's Address:	
Does the student have any dietary food restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify:			
Has the student been tested for allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the student carry an Epi-Pen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the student been diagnosed with allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:			
Does the student need an Asthma Inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the student take any medication regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:	
Please specify, with name and date, any previous history of communicable diseases (i.e. Chicken pox, measles, meningitis, mumps, rubella etc.):			
Does the student have any medical, social, or emotional problems the school should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify:			

Emergency Contact & Release Authorization

The school is authorized to release the student to the individuals listed below (other than parents / guardians). These individuals can also be contacted in case of emergency should the school not be able to contact the parent(s)/guardian(s).

1. Contact Name - Last Name, First Name:			Relationship to Student:	
Home Phone Number:	Cell Phone Number:	Work Phone #	ext.	
Email Address:		Home Address:		
2. Contact Name - Last Name, First Name:			Relationship to Student:	
Home Phone Number:	Cell Phone Number:	Work Phone #	ext.	
Email Address:		Home Address:		
3. Contact Name - Last Name, First Name:			Relationship to Student:	
Home Phone Number:	Cell Phone Number:	Work Phone #	ext.	
Email Address:		Home Address:		

Terms and Conditions

1. Summer Camp Fees must be paid in full upon registration to complete the application.
2. Non-discounted Summer Camp Fees may be refunded before June 15 of this year, however a \$150 administration fee will apply. Summer Camp fees are non-refundable and non-transferrable at any time after June 15 of this year, regardless of registration date. No refunds are given for holidays, absences, vacation time or any other reasons.
3. An updated Immunization Record for children not attending public school regularly must be received before the start date of the camp.

The undersigned has read, understand and agree to the above terms, conditions, rules, procedures and policies as outlined above of Amazing Bilingual Montessori. The undersigned confirms that the information on this Application for Admission is complete and correct.

Signature of Mother/ Guardian: _____ Date: _____
Signature of Father/ Guardian: _____ Date: _____



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Name of Student: _____

MEDICAL WAIVER

I, _____, the parent of _____, understand that in the event of an accident or illness occurring to my child, Amazing Grace Bilingual Montessori will make every attempt to contact me and/or my spouse. If however, I or my spouse cannot be reached, I hereby give Amazing Grace Bilingual Montessori Inc., 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 Amazing Grace Bilingual Montessori Inc., its directors, officers, agents, employees and volunteers from any and all claims for damages arising from any injury or otherwise related actions to my child as a result of accident, illness, injury or for any other reason arising from participation in any school activities.

PHOTOS AND VIDEO RECORDING AGREEMENT

I, _____, hereby give Amazing Grace Bilingual Montessori Inc. the absolute and irrevocable rights to use my child/children _____'s photos, images, recordings and videotaping on the Internet (World Wide Web), in print publications, video and multimedia presentations, and/or for any purpose which may include, but not limited to display, public relations, promotion, marketing, or designs.

By enrolling my child my child in the School and permitting them to participate in school activities and events, I acknowledge that all images, recordings and videotaping will become the exclusive property of Amazing Grace Bilingual Montessori Inc. who shall own all copyright. The images and videos may be adapted for other educational applications, productions, broadcast, re-broadcast, internet, publication, exhibition, reproduction and/or distribution in various media formats to a number of markets.

By signing this agreement, or by signing this agreement on behalf of my child/ children, I am giving Amazing Grace Bilingual Montessori Inc. the right to use the images or recordings for any purposes without further approval from me. I am releasing all rights to any images or recordings of my child/children.

This agreement allows Amazing Grace Bilingual Montessori Inc. to use any images and recordings for any publishing purposes. I will not hold Amazing Grace Bilingual Montessori Inc. responsible for any use or misuse of the images. I agree to hold harmless Amazing Grace Bilingual Montessori Inc. from any and all actions, claims, and demands rising out of or in connection with the use of all or any part of the photographs (including computer images or reproductions of any kind), including any editorial or comment which may accompany the images or recordings in their displayed format. I understand that I will not receive payment nor should I expect payment or reimbursement of any kind now or in the future.

COMMUNITY WALKING TRIP PERMISSION SLIP

I, _____, hereby give permission for my child, _____, to participate in walking trips to locations that are walking distance of the school. I understand that the class will be gone during normal school hours, and that this form applies to walking trips taken during this school year.

I certify, by signing below, that I am of legal age, 18 years of age or older and/or that I am the parent or legal guardian of the identified minor. I have read the above waivers and agreement and fully understand the contents herein.

Parent/ Legal Guardian Signature: _____

Name of Parent/ Legal Guardian: _____

Date of Signature: _____

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PARENT AGREEMENT

I, the undersigned, understand and agree to the following:

1. To enroll my child(ren) at Amazing Grace Bilingual Montessori School for the Summer Camp.
2. To provide the school with all fees and tuition payments prior to the dates they are due.
3. That the Montessori Method of education has a three year cycle. I understand that this is necessary to achieve maximum benefits.
4. That Amazing Bilingual Montessori School teaches students about the Bible and Christian moral values that are widely accepted in world religions.
5. To bring my child(ren) to school on time and pick up my child(ren) on time.
6. That only pre-authorized adults may pick up my child; that any changes of information such as contact numbers, pick-up names or emergency contacts must be submitted to administration in writing. I agree to notify the school, in writing, in advance if any person other than the parent/guardian is picking up my child(ren).
7. To advise the school if there are any changes in the family relationship, including any changes to the Custody/access of my child(ren).
8. To keep my child(ren) from school if there is any question of illness; to notify the school about any serious illness; to come and pick up my child should he/she becomes ill during school; and to call/inform the school if my child(ren) will be absent from school.
9. That permission is granted to call a physician or ambulance in case of an emergency.
10. I understand that there are no refunds for school closures due to severe weather conditions and/or natural disasters, mid-month withdrawals, holidays, sick days, vacation time, Teacher Professional Development days (PA days) or days missed for any other reason.
11. I understand that a charge of \$45.00 will be levied against all NSF cheques or cheques returned for any reason.
12. I understand that if my child remains on school campus past the program's end time, there will be a late charge of \$1 per minute due upon arrival of the person picking up my child.
13. I understand that a written notice of a student's withdrawal must be received by administration one month prior to the intended date of withdrawal. I understand that there will be no refund of Registration Fee and of the last month's prepaid fees. I understand that there are no appropriated refunds for mid-month withdrawal. If I choose to return back to Amazing Grace Bilingual Montessori, I agree to register my child as a new student.
14. I understand that Summer Camp Fees are non-transferable and non-refundable for any reason after June 15 of this year.
15. I have read and agree to all terms, policies and procedures of Amazing Grace Bilingual Montessori as stated in the Parent Handbook.
16. I understand that Amazing Grace Bilingual Montessori reserves the right to accept or reject an Application of Admission and/or request the withdrawal of a child, if it is in the opinion of the Supervisor and/or Teacher that the action is beneficial to the child or the children in the classroom as a whole.
17. I understand that this child care program is not licensed by the Government of Ontario as of today. I will be notified when the status of licencing changes in the future.

I have read and understand the conditions of the Parent Agreement, Fee Schedule and School Policies as outlined above of Amazing Grace Bilingual Montessori. I hereby agree to all terms and conditions stated therein.

Parent/ Legal Guardian Signature: _____

Name of Parent/ Legal Guardian: _____

Date this agreement is signed: _____