Small Town Montessori Pre-School Inc.

Student Enrollment Form

STUDENT INFORMATION:			
Name of Child	(First) (Middle) (Last)		
Date of Birth	Day Month Year	Gender	
Home Address	(Street Number) (Street Name)		
	(City) (Province) (Postal code)		
Home Telephone Number:			
Languages Spoken:			

PARENT / GUARDIAN INFORMATION		
	MOTHER / GUARDIAN	FATHER / GUARDIAN
First Name:		
Last Name:		
Address: (if different from child)		
Employer Name:		
Employee Address:		
Occupation:		
Business Phone #:		
Home Email:		
Home Phone #:		
Mobile phone #:		

EMERGENCY CONTACT INFORMATION				
Name	Relation	Address	Phone #1	Phone #2
1.				
2.				

SIBLINGS NAMES	GENDER	AGE	SCHOOL ATTENDED
1.			
2.			

STUDENT MEDICAL INFORMATION & Other	
Doctor's Name:	
Doctor's Address:	
Doctor's Telephone Number:	
List Child's Allergies: (also complete the Emergency form)	
Special Dietary Needs:	
Child's previous communicable disease	
Immunization Form Attached?	Yes or No
A Copy of Birth Certificate?	Yes or No

PICK UP CONTACT INFORMATION

Please list the names of two persons other than the parents or guardians who are authorized to pick up your child/children from school. This is a very important safety measure for your child.

Name	Phone Number(s)	Relation to Child
1.		
2.		

PERMISSION TO GO ON OUTINGS

I, _____, parent/guardian of, _____
(Parent's Name) (Child's Name)

Give my permission for my son/daughter to take part in any out-of-school events during the school year. I will be notified again in writing before any particular visit or trip takes place.

PHOTOGRAPHIC WAIVER

I, _____, parent/guardian of, _____
(Parent's Name) (Child's Name)

Authorize my son/daughter's photograph to be used for school activities and school purposes only.

MEDICAL WAIVER

I, _____, parent/guardian of, _____
(Parent's Name) (Child's Name)

understand that in the event of an accident or illness occurring to my child, the School will make every attempt to contact me and/or my spouse. If however, I or my spouse cannot be reached, I hereby give Small Town Montessori Pre-School, its Directors, Officers, Agents and Employees authority to act on my behalf in the case of an emergency and to take appropriate steps to obtain medical care, if needed. Any expenses incurred under such circumstances will be assumed by the child's family.

Small Town Montessori Pre-School Inc. will not be responsible for any accident that may occur as a result of false, inaccurate or incomplete information given at the time of enrolment.

I also agree to release and indemnify Small Town Montessori Pre-Preschool Inc. its Directors, Officers, Agents and Employees from any and all claims and damages arising from any injury or otherwise related actions to my child as a result of any accident, illness, injury or for any other reason arising from participation in any school activities.

WITHDRAWAL POLICY

A written notice must be given to the Supervisor sixty (60) days before the intended withdrawal date. Withdrawals with or without notice and/or sudden departures will be treated the same and the parent is required to pay full fees for the two months following the date of notification/departure/withdrawal.

I have read and understood the above.

Signature of Parent/Guardian: _____Date: _____

Date enrolled: _____ Date of departure: _____