



Trafalgar Ridge Montessori School

2017-18 STUDENT ENROLMENT REGISTRATION FORM

Date of Application _____ Date of Admission **Tuesday September 5, 2017** /Other _____

Student information: Proof of student name, DOB & parent/guardian verified by TRMS administration _____ Staff signature

Last Name _____ First Name _____ Date of Birth ____ dd ____ mm ____ yy

Gender : Male Female _____ / OHIP # (optional) _____

Home Address _____ City _____ Postal Code _____

Family Email Address(es) (for school correspondence purposes only)

1- _____ 2- _____ 3- _____

Sibling information: Name: _____ Gender: M F Age or grade: _____

Name: _____ Gender: M F Age or grade: _____

Name: _____ Gender: M F Age or grade: _____

Please note: the part-time programs are only available for preschool students under 4 years of age by December 31, 2017.

1- Preschool Casa Program 2.5 to 3.8 at entry

5 AM's ~ 9:00am to 11:30 am 5days

5 PM's ~ 1:00 pm to 3:30 pm 5days

Full Day 5days 3days (M-W-F) or _____ 2days (T. Th.)

2- Upper Casa Program – 5 Full days PS JK SK

3- Lower Elementary Program – 5 Full days - Grade 1 2 3

Extended Care

(7:30 am to 9:00 am) 5days other _____ days (specify days)

(3:30 pm to 4:00 pm) 5days other _____ days (specify days)

(4:00 pm to 5:00 pm) 5days other _____ days (specify days)

(4:00 pm to 6:00 pm) 5days other _____ days (specify days)

Parent/ Guardian Information

1st Parent / Guardian – Relationship to student Mother Father Other _____

First Name _____ Last Name _____

Does the student reside with you? **YES** **NO** if NO please provide your address :

Home Address _____ City _____ Postal Code _____

Home telephone() _____ Business telephone() _____ Cell number() _____

2nd Parent / Guardian – Relationship to student Mother Father Other _____

First Name _____ Last Name _____

Does the student reside with you? **YES** **NO** if NO please provide your address :

Home Address _____ City _____ Postal Code _____

Home telephone() _____ Business telephone() _____ Cell number() _____

Business Address of one parent (**this is mandatory as per Ministry Requirements) :**

Parent/ guardian's full name : _____

Business Name : _____

Address: _____ City _____ Postal Code _____

MEDICAL & EMERGENCY INFORMATION

In case of a medical emergency does Trafalgar Ridge Montessori School have your permission to provide first aid treatment and obtain additional medical care for the student? Yes / No **Parent/Guardian's Initial** _____

If No please state reason and procedure to follow in the event of an emergency :

Doctor's full name : DR. _____ Telephone #(_____) _____
Doctor's address _____ City _____ Postal Code _____

Does the student have a previous history of any communicable diseases? Yes/ No

Please specify _____

Does the student require any medication or suffer from any current disease? Yes/ No

Please specify _____

Does the student have dietary restrictions or preferences no pork no beef Halal Kosher Vegetarian Other _____

Does the student suffer from any allergies or food intolerances? Yes/ No

Please specify _____

Is this a life threatening allergy which requires an Epi-pen for emergency situations? Yes/ No

If yes : I agree to provide TRMS with two Epi-pens and to arrange a time to meet with the School Administration to develop the student's Anaphylactic Personal Response Plan and to review with staff the use of the Epi-pen. **Parent/Guardian's Initial _____**

Date of training meeting _____

Training provided by _____ **School supervisor who received training** _____

My child is immunized and I have attached a copy of their **immunization record**, as required by the Halton Region Health Department.

My child is NOT immunized and I have attached a copy of the **Conscience Objection Form** for Immunization, as required by the Halton Region Health Department.

Copy provided and verified by TRMS administration _____ *Staff signature*

Emergency Contacts (other than parent/guardian).

These persons are authorized to pick up my child in the event of an emergency such as an unexpected school closure.

1-Name _____ Relationship to student _____

Telephone Home # _____ Cell or Work # _____

Contact #1 is also authorized to pick up my child at anytime from school? Yes/ No **Parent/Guardian's Initial** _____

2-Name _____ Relationship to student _____

Telephone Home # _____ Cell or Work # _____

Contact #2 is also authorized to pick up my child at anytime from school? Yes/ No **Parent/Guardian's Initial** _____

Other Information :

1-Does the student live with both parents/guardians? If NO please list living and custody arrangements.

2-Has the student attended any of the following: play groups; daycare; preschool; other schools?

3-Does the students have any difficulties with Speech? Hearing? Vision?

4-Does your child have any difficulties with motor development (gross & fine)?

5-Do you have any concerns about your child's overall development?
 Yes/ No Please specify _____

6-Does your child have any other needs that we need to be aware of?
 Yes/ No Please specify _____

7- Does your child speak English? Yes/ No
If no please specify what language is spoken most frequently at home and what is your child's first language?

8-Does your child speak other languages? Please list _____

9-Does your child have any special interests (favourites)? _____

10-What are your expectations for the program you have enrolled in? What specific things would you like to see your child accomplish while attending our program?

Social development _____

Academic development _____

11-Is there anything else you would like to tell us about your child (personality traits)?

For school administrative purposes only.

Director's Signature: _____ Teacher's Signature: _____

Date: _____ Date: _____

Date of withdrawal from program: _____

Attended PS year 1 / PS year 2 / JK / SK / grade 1 / grade 2 / grade 3

RELEASE OF INFORMATION

As required, I hereby authorize the release of all academic and medical information regarding the student noted above while in attendance in a previous school to Trafalgar Ridge Montessori and their agents as required.

Signature of Parent or Guardian _____

Name of school previously attended _____ Phone # _____

IN CONSIDERATION OF THE ACCEPTANCE OF THIS APPLICATION FOR ADMISSION AND OTHER GOOD AND VALUABLE CONSIDERATION, I AGREE TO PAY SCHOOL FEES AND OTHER AMOUNTS WHEN DUE (Including Extended Care Fees, Catered Meal Plan Fees, Extra Curricular Fees for Field Trips and special events, and Physical Education Fees).

I UNDERSTAND MY OBLIGATION TO PAY TUITION FEES FOR THE FULL ACADEMIC YEAR, AND THAT NO PORTION OF SUCH FEES PAID OR OUTSTANDING WILL BE REFUNDED OR CANCELLED IN THE EVENT OF ABSENCE OR WITHDRAWAL OF THE ABOVE STUDENT FROM TRAFALGAR RIDGE MONTESSORI SCHOOL. I HAVE ATTACHED MY POST-DATED DEPOSIT CHEQUE AND UNDERSTAND THAT THIS FEE IS NON-REFUNDABLE AT ANY TIME WITH CANCELLATION.

Leave blank for TRMS Admin. Purposes ONLY			
2017 DEPOSIT PAID	Cheque Amount	Chq. #	Date of cheque
	<input type="checkbox"/> \$750.00 Casa		____/____/2017
	<input type="checkbox"/> \$1,000.00 Elementary		____/____/2017
Registration reviewed & accepted by both parties : ____/____/2017 dd /mm/yyyy		Parent/Guardian :	TRMS Administration :

FURTHER, I HAVE READ THE SCHEDULE OF FEES AND THE PARENT'S HANDBOOK AND AGREE THAT THE RULES AND REGULATIONS CONTAINED THEREIN ARE TO BE INCORPORATED AS TERMS OF THE AGREEMENT ENTERED INTO HEREIN. TRAFALGAR RIDGE MONTESSORI SCHOOL RESERVES THE RIGHT TO SUSPEND OR EXPEL THE STUDENT IF (S) HE FAILS TO ADHERE TO THE BEHAVIOUR MANAGEMENT POLICY OF THE SCHOOL.

Participation Permission

With reference to the categories listed below I _____ **as parent or guardian of (student)** grant them **permission to participate** as follows during the whole their attendance at TRMS and until they withdraw from TRMS school program and/or summer camp program:

- permission for my child to participate in offsite field trips organized by the school. I understand that information relating to those field trips will be posted in the monthly newsletters emailed to parents.
- permission for my child to participate in occasional school nature walks in the neighborhood and to the local park.
- permission for my child to participate in the offsite physical education programs (applies to Upper Casa & Elementary students).
- permission for my child to participate in all onsite physical education and outdoor recess programs.

I DO NOT authorize my child to Participate in these activities and I understand that I am responsible to make alternative arrangements for my child's care during these activities. **Parent/Guardian's Initial** _____

I authorize TRMS as follows:

-To disclose my email along with my child's name, on a class list provided to other TRMS families **I DO/** **I do NOT**

-To take photos of my child for the school yearbook **I DO/** **I do NOT**

-To use these photos for school promotional materials (such as brochures, newspaper, TRMS website). **I DO/** **I do NOT**

-To use these photos on the school's Social Media accounts (Facebook & Twitter). **I DO/** **I do NOT**

-To post these photos on the TRMS **photo gallery** accessible by using the **shared parent login**. **I DO/** **I do NOT**

I understand that all photos posted on the **TRMS shared photo gallery are exclusive property of TRMS** and that as a user I am not authorized to use the photos of other students or group photos for any of my personal purposes. I am only authorized the exclusive use of photos of my own child. I also understand that Trafalgar Ridge Montessori School is not liable for the breach of use of these photos.

Signature of Parent(s) / Guardian(s) _____ Date : _____, 2017

This registration form is a confidential document and used for the sole purpose of school administration and student records.