



# Trafalgar Ridge Montessori School

## 2020- 2021 STUDENT ENROLMENT REGISTRATION FORM

Date of Registration: \_\_\_\_\_ Date of Admission: **Tuesday September 8, 2020** /Other \_\_\_\_\_

**STUDENT INFORMATION :** Proof of student name, DOB & parent/guardian verified by TRMS administration  \_\_\_\_\_ Staff signature

Birth Certificate # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_ dd \_\_\_\_ mm \_\_\_\_ yy

Gender :  Male  Female \_\_\_\_\_ / OHIP # (optional) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

**Sibling information:** Name: \_\_\_\_\_ Gender:  M  F Age or grade: \_\_\_\_\_

Name: \_\_\_\_\_ Gender:  M  F Age or grade: \_\_\_\_\_

Name: \_\_\_\_\_ Gender:  M  F Age or grade: \_\_\_\_\_

**PROGRAM :** The part-time programs are only available for preschool students under 4 years of age at December 31<sup>st</sup>.

1- **Preschool Casa Program 2.5 to 3.8 at entry**

**5 DAYS** - Mon. to Fri or  **3 DAYS** -  Mon. Wed. Fri  Mon. Tue. Thu.  Tue. Thu. Fri.  \_\_\_\_\_

2- **JK/SK Casa Program – mandatory 5 full days**

**JK**  **SK**

3- **Lower Elementary -mandatory 5 full days**

**Grade 1**  **Grade 2**  **Grade 3**

The school day is 8:45 AM to 3:30 PM. (Arrive between 8:30 & 8:45 – Pick up between 3:30 – 3:45 PM)

Do you require extended hours?  yes- Before school 7:30-8:30 A.M. /  yes - After school 4 to 6 P.M.

**FAMILY CONTACT INFORMATION -Parents /or Guardians :**

**Parent 1:** Relationship to student  Mother  Father  Other \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_

Cell number( ) \_\_\_\_\_ Email \_\_\_\_\_

**Parent 1:** Relationship to student  Mother  Father  Other \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_

Cell number( ) \_\_\_\_\_ Email \_\_\_\_\_

Does the student reside with both parents? **YES**  **NO**  if NO please provide alternate address of parent or guardian :

If NO - List living and custody arrangements \_\_\_\_\_

Alternate Address for Last name \_\_\_\_\_ First name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

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

Last name \_\_\_\_\_ First name \_\_\_\_\_

Business Name : \_\_\_\_\_ Address: \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

**For school administrative purposes only.**

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of withdrawal from program: \_\_\_\_\_

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

**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 health issue, illness or 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 \_\_\_\_\_  
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 \_\_\_\_\_  
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-Has the student attended any of the following:** play groups; daycare; preschool; other schools?  
\_\_\_\_\_

**2-Does the student have any special needs that we need to be aware of?**  YES  NO  
If YES :  Developmental  Speech  Behavioural  Other \_\_\_\_\_  
Additional comments: \_\_\_\_\_

**3-Has the Student ever been referred for remedial support or assessment ?**  Yes/  No  
If YES :  Developmental Pediatrician  Speech Pathologist  Occupational Therapist  Behavioral Therapist  
Additional comments: \_\_\_\_\_  
**Please provide a copy of relevant assessments/ reports.**

**4- Does the student speak English?**  Yes/  No  
**If no** what is your child's first language? \_\_\_\_\_

**5-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 \_\_\_\_\_

**6-Is there anything else you would like to tell us about your child (personality traits)?**  
\_\_\_\_\_

7- All preschool students (Lower Casa class) must participate in the mandatory rest period. If they do not nap they are required to have quiet time on their designated cot. Would you like your child to sleep at this time ?  Yes (nap time) /  No (quiet time)

**RELEASE OF INFORMATION for Elementary Aged Students (grades 1,2,3)**

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.

Name of school previously attended \_\_\_\_\_ Phone # \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

**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			
<b>Non-refundable DEPOSIT PAID</b>	Cheque Amount	Chq. # / <input type="checkbox"/> e-transfer	Date of cheque
	<input type="checkbox"/> \$750.00 Casa		____/____/20__
	<input type="checkbox"/> \$1,000.00 Elementary		____/____/20__
Registration reviewed & accepted by both parties : ____/____/20__ 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 of their attendance at TRMS including Summer Camp and until they withdraw** from TRMS:

- 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.

**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 (unless indicated & initialed otherwise) TRMS as follows:**

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

-To take photos of my child for the school yearbook  **I do NOT** \_\_\_\_\_ initials

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

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

-To post these photos on the school's communication app "Himama"  **I do NOT** \_\_\_\_\_ initials

I understand that all photos taken and posted by **TRMS 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 : \_\_\_\_\_, 20\_\_

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