

In order to complete your child’s registration please fill in all required fields and mail or drop-off at the school office with the following items:

1. A copy of your child’s birth certificate (record of Landing/Passport).
2. A copy of your child’s most current immunization record.
3. A copy of your child’s latest two report cards and any other educational/specialist assessment reports/records.
4. Terms & Conditions of Enrolment – initial sections, sign & date document.
5. A non-refundable registration fee of (\$500.00 for Infant, Toddler & Casa Students and \$1,000 for Elementary Students) payable to Central Montessori Schools or CMS.
6. A non-refundable deposit equivalent to your monthly tuition. (This will pay the June 2022 tuition ONLY).
7. Nine post-dated cheques dated the 1<sup>st</sup> of each month (September to May) for monthly tuition owing.

***Please note that if items/information is missing - the application will be placed on “hold” until received.***

|  |   |
|--|---|
| <b>PROPOSED STARTING DATE:</b> ____ (mm) ____ (dd) ____ (yy)       |   |
| <b>PROGRAM:</b>  |   |
| <input type="checkbox"/> <b>INFANT</b><br>(8 - 18 mths)            | <input type="checkbox"/> 5 Full Days <input type="checkbox"/> 3 Full Days (M/W/F) <input type="checkbox"/> 2 Full Days (T/Th)<br><input type="checkbox"/> Extended Hours (5:00-6:00)  |
| <input type="checkbox"/> <b>TODDLER</b><br>(18 - 30 mths)          | <input type="checkbox"/> 5 Full Days <input type="checkbox"/> 3 Full Days (M/W/F) <input type="checkbox"/> 2 Full Days (T/Th)<br><input type="checkbox"/> Extended Hours (5:00-6:00)  |
| <input type="checkbox"/> <b>CASA</b><br>(30 mths - 6 yrs)          | <input type="checkbox"/> 5 Full Days<br><input type="checkbox"/> 5 Half Day ( <i>pickup at 11:45</i> ) <input type="checkbox"/> 5 Half Day ( <i>drop-off at 1:00</i> )<br><input type="checkbox"/> Extended Hours (5:00-6:00) <input type="checkbox"/> Optional lunch for half day <input type="checkbox"/> Nap |
| <input type="checkbox"/> <b>ELEMENTARY</b><br>(6 - 9 yrs)          | <input type="checkbox"/> Extended Hours (5:00-6:00)   |
| <b>Approximate Drop-Off Time:</b> _____ <b>Pick-Up Time:</b> _____ |   |

|  |   |              |
|--|---|--------------|
| <b>CHILD’S INFORMATION:</b>                  |   |              |
| Last Name:                                   | Given Name(s):  |              |
| Date of Birth: ____ (mm) ____ (dd) ____ (yy) | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |              |
| Home Address:                                |   | City:        |
|  |   | Postal Code: |
| Languages Spoken at Home:                    |   |              |
| Sibling Name(s):                             | Age(s):   | Gender:      |
| 1.   |   |              |
| 2.   |   |              |
| 3.   |   |              |
| 4.   |   |              |

| <b>MEDICAL INFORMATION:</b>   |   |
|---|---|
| Name of Child's Physician:  | Physician's Address & Telephone Number:   |
| Immunization is attached <input type="checkbox"/> Yes <input type="checkbox"/> No Reasons, if no: _____ |   |
| Please list child's allergies:  |   |
| Medication required <input type="checkbox"/> YES <input type="checkbox"/> NO                            | Name of medication:   |
| Has your child ever shown signs of <b>Asthma</b> or <b>Seizure</b> (fever-induced or other):            | Does your child have any history of Communicable Diseases / other Medical Conditions? |
| Does your child have any special dietary/ rest/ exercise requirements?                                  | Does your child have any special physical, cognitive/ social or emotional needs?      |

| <b>PARENT/GUARDIAN INFORMATION:</b> |   |  |
|-------------------------------------|---|--|
|                                     | <b>Parent 1:</b><br>Mother / Father / Guardian (please circle one)  | <b>Parent 2:</b><br>Mother / Father / Guardian (please circle one) |
| Title (please circle)               | Mr. Ms. Mrs. Dr. Other:   | Mr. Ms. Mrs. Dr. Other:  |
| Last Name                           |   |  |
| First Name                          |   |  |
| Address (if different from child)   |   |  |
| Home Number                         |   |  |
| Cellular Number                     |   |  |
| Email Address                       |   |  |
| Employer Name                       |   |  |
| Employer Address & Work Number      |   |  |
| Marital Status                      | <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single         |  |
| Child lives with:                   | <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____ |  |
| Correspondence to be sent to:       | <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____ |  |

**EMERGENCY CONTACT AND PICK-UP PERSONS** *(other than parent/guardians):*

| Full Name | Address & Telephone | Relationship to child | Pick-Up | Emergency Contact |
|-----------|---------------------|-----------------------|---------|-------------------|
|           |                     |                       |         |                   |
|           |                     |                       |         |                   |
|           |                     |                       |         |                   |
|           |                     |                       |         |                   |

I/We acknowledge that:

- Sixty days written notice, or payment in lieu of notice is required in the event of an early withdrawal from the school. Any post-dated cheques on file after that time will be returned.
- The initial deposit (last month's tuition fee & application/registration fee) presented at the time of registration, ***is non-refundable/transferable.***
- Tuition is based on enrolment (the space reserved for the child in the class) and no credit or refund is given for illness, vacation or non-attendance.
- I give consent to receive e-mails/ electronic communication from CMS.
- I have read and understand the CMS Parent Handbook (available at <http://www.cmschool.net/policies.htm>) containing school policies & procedures.

Name of Parent or Guardian #1: \_\_\_\_\_ *(please print)*

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ *(mm/dd/yy)*

Name of Parent or Guardian #2: \_\_\_\_\_ *(please print)*

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ *(mm/dd/yy)*

*Central Montessori Schools welcome children regardless of race, religion, colour or creed.*

**THANK YOU FOR SELECTING CENTRAL MONTESSORI SCHOOLS**

Once this application form is completed please mail or drop it off at the school office with **all** necessary items/ to:

**Central Montessori School**  
**72 Steeles Aves West, Thornhill, Ontario L4J 1A1, Tel: (905) 889-0012**

**Office use only:**

Application fee received: Yes [ ] No [ ] Date: \_\_\_\_\_

Deposit received: Yes [ ] No [ ] Date: \_\_\_\_\_

Post-Dated Cheques received: Yes [ ] No [ ] Date: \_\_\_\_\_

**Signature of Administrator:** \_\_\_\_\_

**Date of Withdrawal** \_\_\_\_\_ *(mm/dd/yy)*