CMS Central Montessori School **APPLICATION FOR ADMISSIONS: YORK MILLS CAMPUS**

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 an official document showing your child's age such as birth certificate or 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. Fees as per the 2024-2025 Fee Schedule

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

PROPOSED STARTING DATE: _____ (mm) _____ (dd) _____ (yy)	
PROGRAM:	
☐ **INFANT** (10 - 18 mths)	☐ 5 Full Days ☐ 3 Full Days (M/W/F) ☐ 2 Full Days (T/Th) ☐ Extended Hours (5:00-6:00)
☐ **TODDLER** (18 - 30 mths)	☐ 5 Full Days ☐ 3 Full Days (M/W/F) ☐ 2 Full Days (T/Th) ☐ Extended Hours (5:00-6:00)
☐ **JUNIOR CASA** (2.6 – 3.8 yrs)	☐ 5 Full Days ☐ 5 Half-Day a.m. (*pickup at 11:45*) ☐ 5 Half Day p.m. (*drop-off at 1:00*) ☐ Extended Hours (5:00-6:00) ☐ Optional lunch for half-day ☐ Nap
Approximate Drop-Off Time: ____________________ **Pick-Up Time:** ______________________	

CHILD'S INFORMATION:		
Last Name:	Given Name (s):	
Date of Birth: _____ (mm) _____ (dd) _____ (yy)	Gender: ☐ Male ☐ Female	
Home Address:	City: Postal Code: Home Telephone Number:	
Languages Spoken at Home:		
Sibling Name(s):	Age(s):	Gender:
1.		
2.		
3.		
4.		

MEDICAL INFORMATION:	
Name of Child's Physician:	Physician's Address & Telephone Number:
Immunization is attached ☐ Yes ☐ No Reasons, if no: ____	
Please list child's allergies: Medication required ☐ YES ☐ NO Name of the medication:	
Has your child ever shown signs of **Asthma** or **Seizure** (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?

PARENT/GUARDIAN INFORMATION:		
	Parent 1: Mother / Father / Guardian (please circle one)	**Parent 2:** 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	☐ Married ☐ Common-law ☐ Divorced ☐ Separated ☐ Single	
Child lives with:	☐ Both Parents ☐ Parent 1 ☐ Parent 2 ☐ Guardian ☐ Other: ________________________	
Correspondence to be sent to:	☐ Both Parents ☐ Parent 1 ☐ Parent 2 ☐ Guardian ☐ 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. Upon receiving this notice (or payment in lieu of notice), your pre-authorized payment agreement will be terminated.
- 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 ***https://cmschool.net/handbook-and-policies***) 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
18 Coldwater Road, Toronto, ON M3B 1Y7, Tel: (416) 510-1200

Office use only:

Application fee received: Yes [ ] No [ ] Date: ____________________

Deposit received: Yes [ ] No [ ] Date: ____________________

PAD Form received: Yes [ ] No [ ] Date: ____________________

Signature of Administrator: ____________________________

Date of Withdrawal __________________ (mm/dd/yy)