

HEADON FOREST MONTESSORI

APPLICATION FOR ENROLMENT

CHILD INFORMATION

FIRST NAME: _____ SURNAME: _____

DATE OF BIRTH: _____ PHONE NUMBER: _____
MM / DD / YYYY

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____

ALLERGIES: _____

Child's previous history of communicable diseases, conditions requiring medical attention, immunization or any statement from a parent or MD as to why child should not be immunized:

Any symptoms of ill health: _____

Instructions for any medical treatment, drug or medication to be administered during hours child receives care:

Any special requirements in respect of diet rest or exercise: _____

FAMILY PHYSICIAN

Name of Physician: _____ Telephone Number _____

Address: _____ City: _____ Postal Code: _____ Province: _____

CHILD'S PARENT INFORMATION:

Name: _____

Address: _____

CITY/TOWN POSTAL CODE

Home Telephone: _____

Mobile: _____

Workplace: _____

Work Address: _____
STREET

CITY/TOWN POSTAL CODE

Work Number: _____ ext. _____

CHILD'S PARENT INFORMATION:

Name: _____

Address: _____
STREET

CITY/TOWN POSTAL CODE

Home Telephone: _____

Mobile: _____

Workplace: _____

Work Address: _____
STREET

CITY/TOWN POSTAL CODE

Work Number: _____ ext. _____

EMERGENCY CONTACTS

PERSON(S) THAT CAN BE CONTACTED, AND TO WHOM THE CHILD CAN BE RELEASED

EMERGENCY CONTACT #1

First Name: _____ Last Name: _____

Phone Number: _____ Cell Phone: _____

Address: _____ City: _____ Postal Code: _____

EMERGENCY CONTACT #2

First Name: _____ Last Name: _____

Phone Number: _____ Cell Phone: _____

Address: _____ City: _____ Postal Code: _____

Authorization to photograph and/or take video of child

_____ Yes, permission is granted for Headon Forest Montessori to take my child's photograph and / or video tape in which my child appears for use in newsletters, website, or any materials and articles promoting HFM programs as well as in our close group for HFM parents and family

_____ No, permission is not granted.

_____ Print Name _____ Parent Signature

_____ Print Name _____ Parent Signature

Date Admission Required: _____

E-MAIL ----- E-MAIL -----

FULL TIME: MON – FRI PART TIME: (4 days) MON TUES WED THURS FRI

FOR OFFICE USE:

ADMISSION DATE: -----

LAST DAY AT SCHOOL; -----

REGISTRATION FEE AND TWO WEEK DEPOSIT: -----

PAID ON: -----

HEADON FOREST MONTESSORI

Payment of fees: Conditions & Agreements

- Fee for preschoolers is \$53 a day for full-time (4-5 days)
- Fee for toddlers is \$57 a day for full-time (5 days)
- Childcare fees are due in advance. **Fees are due before the 1st of each** month in cash, cheques, direct deposit or interac transfer. You can also pay post-dated cheques for the 1st and 15th of the month. The cheque payment for the 1st will include days 1 - 14. The cheque payment for the 15th will include days 15 - 31. Or you can pay the full month fee once.
- At the time of admission a \$100 registration fee and a two week security deposit has to be submitted.
- The Montessori requires one month written notice if your child will be withdrawing. In this case we may apply your security deposit payment for the last two weeks of your child's attendance at the school.
- Cheques received after the 1st of the month will be subject to a \$5.00 service charge.
- If your cheque comes back N.S.F, you will be required to pay a \$7.00 service charge. Also, in the future we will only accept a certified cheque only.
- **Full fees will be charged from September- June** (including any holidays, statutory holidays, snow days, weather closures, winter holidays, teacher development days).
- If your child is absent for any reason, fees will not be refunded.
- Fees will not be refunded if school closes due to any unforeseen circumstances
- If a child is picked up after 6:00 p.m. a late fee will apply (\$1 a minute to be given to the teacher on duty)
- If a child is dropped to school before 7.a.m a fee will apply. (\$1 a minute to be given to the teacher on duty)
- If a child is in school for more than 8 hours, a fee of \$5 every fifteen minutes extra will apply
- If your child is late to school (later than 9:10 a.m.) three times a week (unless taken prior permission), services will be terminated and fees will not be refunded.
- Please indicate at time of admission if you need B/A Care daily and like to pay the flat fee of **\$150** or like to pay \$5 for every 15 minutes extra.
- If your child is de-enrolled due to inappropriate language or behaviour on the part of the child or the parent, fees will not be returned. (The two weeks security deposit or the two weeks payment that is being used for the current session.)
- Any dues not cleared will be deducted from your security deposit.
- If your child is taken to see a nurse, doctor and/or go to the hospital the parents will pay all fees incurred in that situation.
- Please abide by the health and medication policy and procedure. In the event of illness parents must provide alternate arrangements for their children, in order to prevent other children from becoming ill. The teacher has the right to refuse admittance or to request a medical certificate if the child has any of the symptoms listed in our health and medication policy (Parent Hand Book)
- Please acknowledge receipt of all updates, notices, and information sent to you via e-mail during your child's registration with us. This can be done by sending us an e-mail back just stating that you have read the update
- Please read the Parent Hand Book so you are aware of all policies of HFM. Fee from September-June is taken for a full month irrespective of any holidays, breaks, or unforeseen circumstances. Please be mindful of these policies at time of registration and admission.
- An invoice for before/after care fee will be sent to you in the first week of the new month if you have not opted for the B/A care flat fee or have not paid B/A (time needed) care fee. Please sign your child in and out every morning (if you are coming before 8:30 a.m.) and sign them out at pick up time or ask a staff member to do so.

→ I _____, (PRINT NAME) have read the PAYMENT OF FEES: CONDITION & AGREEMENT, and I agree to the conditions and agree to pay fees as outlined above to Headon Forest Daycare Inc.

Signature

Date

→ I _____, (PRINT NAME) have read the PAYMENT OF FEES: CONDITION & AGREEMENT, and I agree to the conditions and agree to pay fees as outlined above to Headon Forest Daycare Inc.

Signature

Date