



BLUFFER'S PARK MONTESSORI SCHOOL

Admission Application

Child's Start Date: _____

Date of Application: _____

PROGRAM

TODDLER (ages 18 months-30 months)

___ Full Time (8:45-4:00 pm)

*All programs offered 5 days a week

PROGRAM

CASA (ages 30 months-6 years)

___ Full Time (8:45-4:00pm)

*All programs offered 5 days a week

*Lunch and two snacks included in full-time fees

Payment Options (choose one):

___ Annual Payment- Full-Time Program (5% discount) *Payable on or before
first day of school.

___ By Term

___ Monthly

EXTENDED CARE

_____ Before School Extended Care (7:30-8:45 am)

_____ After School Extended Care (4:00-4:30 pm)

_____ After School Extended Care (4:00-5:00 pm)

_____ After School Extended Care (4:00-5:30 pm)

_____ Occasional Use Care: \$5 per 30 min, billed at the end of the month

***Before and After School Care is ONLY provided for children enrolled in the Half Day or Full Day Program.**

CHILD'S INFORMATION

CHILD'S SURNAME: _____ CHILD'S GIVEN NAME(S): _____

CHILD'S DATE OF BIRTH: _____ MALE/FEMALE: _____

HOME ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

CELL PHONE: _____

LAST SCHOOL ATTENDED: _____

LANGUAGES SPOKEN AT HOME: _____

SIBLINGS ENROLLED AT BLUFFER'S PARK MONTESSORI SCHOOL: _____

FAMILY INFORMATION (*ALL AREAS MUST BE COMPLETED-MARK N/A WHERE NOT APPLICABLE)

PARENT #1

SURNAME: _____ FIRST NAME: _____

HOME ADDRESS: (if different from child)

_____ HOME PHONE : _____

_____ CELL PHONE: _____

WORK PLACE AND ADDRESS: WORK PHONE: _____

_____ EMAIL ADDRESS: _____

_____ MARITAL STATUS: _____

PARENT #2

SURNAME: _____ FIRST NAME: _____

HOME ADDRESS: (if different from child)

_____ HOME PHONE: _____

_____ CELL PHONE: _____

WORK PLACE AND ADDRESS: WORK PHONE: _____

_____ EMAIL ADDRESS: _____

_____ MARITAL STATUS: _____

CHILD LIVES WITH: BOTH PARENTS___ MOTHER___ FATHER___ OTHER___

CORRESPONDENCE: BOTH PARENTS___ MOTHER___ FATHER___ OTHER___

MEDICAL INFORMATION

CHILD'S HEALTH CARD #: _____

PHYSICIAN'S NAME: _____ PHONE #: _____

ADDRESS: _____

CHILD'S ALLERGIES: _____ SEVERE ___ MILD ___
_____ SEVERE ___ MILD ___

EPIPEN ___ ASTHMA ___ SEIZURES ___

HISTORY OF COMMUNICABLE DISEASE(S) OR OTHER MEDICAL CONDITIONS: _____

SPECIAL DIETARY RESTRICTIONS: _____

DOES YOUR CHILD REQUIRE A NAP? _____

IS YOUR CHILD TOILET TRAINED? _____

DOES YOUR CHILD HAVE ANY SPECIAL PHYSICAL/EMOTIONAL/COGNITIVE/BEHAVIOURAL CHALLENGES? _____

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS)

NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

PEOPLE AUTHORIZED TO PICK UP YOUR CHILD FROM SCHOOL (OTHER THAN PARENTS)

NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

___ My child is to be released ONLY to parents in case of emergency or pickup from school.

ADMISSION PROCEDURE AND PARENT ACKNOWLEDGMENT

TO COMPLETE THE APPLICATION PROCESS, PLEASE SUBMIT THE FOLLOWING:

-Completed ADMISSION APPLICATION FORM

UPON ACCEPTANCE/CONFIRMATION OF ENROLMENT, PLEASE SUBMIT THE FOLLOWING:

-Deposit according to selected tuition payment option.

-Postdated TUITION CHEQUES dated according to selected tuition payment option.

-Immunization Documents

-Copy of Birth Certificate

-Application fee of \$100.00

-Last report from any school attended (if applicable)

WITHDRAWAL PROCEDURE

In the event that you wish to withdraw your child from enrolment at Bluffer's Park Montessori School, 2 months notification (as of the first day of the month) must be provided in writing. All postdated cheques beyond these two months will be returned. **Application Fee (\$100) and Deposit payments remain non-refundable.**

TERMS OF ADMISSION

The following terms of admission apply to enrolment at Bluffer's Park Montessori School.

I, undersigned, agree to the following:

- To enrol _____ at Bluffer's Park Montessori School for the 2020-2021 school year.
- To issue a non-refundable tuition deposit and all post-dated cheques or payment in full upon enrolment. Cheques made payable to Bluffer's Park Montessori School Inc.
- The School enrolls our child upon acceptance. Our child is guaranteed a place in the School until he/she completes the 3 year Casa program or 4 year Toddler/Casa Program, subject to the School's right to request withdrawal of a student if withdrawal is to the benefit of the class as a whole. We are required to complete and sign the enrolment or re-enrolment form, Tuition Agreement and Parent Acknowledgment and submit the appropriate cheques in order for the application to be considered complete. Failure to do so may result in the loss of your child's placement.

- The undersigned has reviewed and agrees to comply with policies as set out in the PARENT HANDBOOK.
 - A charge of \$50 will be applied to all returned cheques plus any bank service charges imposed.
 - After two returned payments or payment in arrears, subsequent tuition payments must be made in cash, certified cheque or bank draft.
 - In the event of withdrawal, 2 months' notification (as of the first day of the month) must be submitted in writing, at which time remaining payments beyond 2 months will be returned to the parent, with the exception of the registration fee and deposit, which remain non-refundable.
 - The undersigned understands that during the child's daily activities at school, injuries may occur and agrees to release and indemnify BPMS from any and all claims and damages arising as a result of any accident, injury or incident involving the enrolled child as a result of his/her participation in any school activities that are not caused by a direct negligent act/omission of BPMS or any of its staff.
 - There shall be no refund or reduction in fees in case of illness, holidays, absences or non-attendance.
 - If the school recommends, at the School's sole discretion and determination, that the Student leave, the refund shall be on a pro rata amount (based on a 10 month year) of fees for the number of remaining months in the year, starting on the first day of the month following withdrawal.
 - We agree to keep our child from school if there is any question of illness, and to notify the school about any serious illness.
 - If we cannot be reached at a time of illness or accident, or if the emergency is such that time does not permit such contact, the School is hereby authorized to contact an emergency service (911).
 - To notify the school in advance if any people other than those on the admission form is picking up my child.
 - From time to time during the year, the School may distribute class lists relating to school activities. These class lists may include student's name, parent's names and email addresses. If you **do not** wish to have your family included on these lists, please check here ____.
- Office Use:** Withdrawal Date: _____

We have read and understand all of the above.

Name of parent: _____ Signature: _____ Date: _____

Name of parent: _____ Signature: _____ Date: _____

