ROYAL ACADEMY
MONTESSORI PRESCHOOL

Child's Admission Form

PLEASE BE SURE TO FILL OUT ALL LINES!!

Date: _____ **Child's Start Date:** _____

Child's Last Date: _____
(For Office use Only)

Child Information

Child's Full name: _____ Birth Date: _____

Address: _____

Phone: _____

Parent Information

Parent/Guardian Full Name: _____

Parents Email _____ Phone Number _____

Parent/Guardian Address (if Different): _____

Employer: _____ Work Phone: _____

Work Site Address: _____

Other Parent/Guardian Full Name: _____

Other Parent/Guardian Email_____ Phone Number_____

Other Parent/Guardian Address: _____

Employer: _____ Work Phone: _____

Work Site Address: _____

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Doctors Information:

Name of Doctor: _____ Phone Number: _____

Doctor Address _____

Can both parents pick up?

_____

Emergency Contacts /Authorized to pick up my child (other than above noted parents):

If neither parent can be reached in case of an emergency, call:

1.Name: _____ Phone: _____

Address: _____ Relationship: _____

☐ Authorized to pick up? (Please check if yes)

2.Name: _____ Phone: _____

Address: _____ Relationship: _____

☐ Authorized to pick up? (Please check if yes)

3.Name: _____ Phone: _____

Address: _____ Relationship: _____

☐ Authorized to pick up? (Please check if yes)

4.Name: _____ Phone: _____

Address: _____ Relationship: _____

☐ Authorized to pick up? (Please check if yes)

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Additional Information About Your Child

If your child has any allergies, takes medication or has any special requirements for diet (if Egg is restricted, please advise if ok in baked goods), rest or exercise, or other identified needs, please describe (use additional sheets if necessary):

_____
_____
_____
_____
_____
_____
_____
_____
_____

Permission & Understanding Statements

(Initial below)

_____ I understand every effort will be made to contact me in case of emergency. I hereby authorize the registrant*: ROYAL ACADEMY MONTESSORI PRESCHOOL* to obtain emergency medical care for _____(name of child).

_____ I hereby authorize transportation to be provided. I acknowledge that *ROYAL ACADEMY MONTERSSORI PRESCHOL* has provided me with a general description detailing types, frequency and sample destinations when children may be transported.

_____ I acknowledge that cultural holidays are acknowledged.

Please attach to this form:

1) Evidence of immunization appropriate to your child's age, OR
2) An immunization exemption form due to medical, religious or moral beliefs.

Parent/Guardian Signature: _____ Date: _____

Operators/Reviewers Signature: _____Date:_____

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Please sign below to indicate that you have read and understand the below documents:

PARENT HANDBOOK SIGN OFF

Please sign below indicating that you have read and understand the parent package including the policies.

PHOTOGRAPHIC WAIVER

I give authorization for my child, mentioned below, to be either photographed or videotaped for the sole purpose of our school. These may be shown or displayed in the center or on our website. These photos and videos are for use within Royal Academy Montessori Preschool only. Additionally, I understand and acknowledge that during special events at the center, other parents will be video taping and taking photos of children, I understand that I am not allowed to share these videos on any social media including but not limited to Facebook/twitter/tiktok/Instagram etc.

CONSENT AND ILLNESS POLICY

If an emergency arises where prompt medical attention is necessary, permission is given to Royal Academy Montessori Preschool to take the child mentioned below to the nearest medical facility and to proceed with any medical treatment that is immediately necessary. I understand that medical expenses are my responsibility.

ONE MONTH WITHDRAWAL NOTICE

By signing below, I hereby agree and understand that a notice of one month is to be given when withdrawing my child from Royal Academy Montessori Preschool. Notice is to be given directly to supervisors either in writing or verbally. One-month notice is still required, regardless of whether a family is subsidized through the Region of Peel or not. If Region of Peel notifies Royal Academy of a family's withdrawal date, it is still the responsibility of parents to give the notice and the one-month will start from when a parent has given the notice.

Childs Name: _____

Name of Parent: _____

Parents/Guardian Signature: _____