

AURORA MONTESSORI AND PRIVATE SCHOOL ENROLMENT APPLICATION

Thank you for choosing Aurora Montessori and Private School (AMS).

Application for admission to Aurora Montessori and Private School should be made prior to March 1st of the preceding school year.

Admission Procedure:

1. Please sign and date this application after completing pages 2, 3 and 4.
2. Include with your application:
 - a) A recent photograph of your child.
 - b) Completed Immunization Record, Use of the Internet - Letter of Agreement (if enrolling for grades 1 to 8) and Allergy Alert form if applicable.
 - c) A copy of your child's Birth Certificate.
 - d) Chosen payment and all accompanying installments (please see Fee Schedule). Please do not make payments in cash.
 - e) A copy of your child's most recent progress report. (If the student is transferring from another Montessori School or another Ministry of Education Program.)

Before and after a student is admitted, Aurora Montessori and Private School reserves the right to accept, reject, or terminate the enrolment of any child after consultation with the parents and teacher if this action will benefit the child, the class or the school as a whole.

AMS is a place where all students, parents, teachers and staff feel safe. Upon joining AMS, it is understood that the rules and regulations and the Code of Conduct will be observed. AMS reserves the right to expel a child at any time if the student, parent or guardian does not adhere to the AMS Code of Conduct. Please ensure that you read and understand the AMS Code of Conduct in the AMS Parents' Handbook prior to signing this application.

All payments of tuition must be by cheque and post-dated cheques must be submitted with registration. All monthly post-dated cheques must be dated for the first day of each and every month from September until May. A registration fee of \$300.00 for each new child plus the deposit must be paid at the time of registration. All registration paperwork must be completed and all post-dated cheques must be received before enrolment can be confirmed.

The registration fee and the deposit are non-refundable without exception, after acceptance by AMS and cannot be applied to an outstanding fee or transferred to another student. A minimum of 30 days written notice is required for the permanent withdrawal of a child for any reason. AMS will return all outstanding post-dated cheques for tuition and before and after school programs. A processing fee of \$30.00 will be charged for all NSF cheques. Interest will be charged at the rate of 2% per month or 24% per annum on all overdue amounts. Any default in payments may result in the expulsion of your child from the school.

There is no reduction in monthly fees due to absenteeism, professional activity days, school closure due to extreme weather and/or holidays. We strongly suggest that parents make alternate care arrangements well in advance for their child so that they are prepared for their child's illness, PA days and in case of school closure.

REGISTRATION FOR THE ACADEMIC YEAR _____

ID # _____	START: _____
ROOM: _____	PROG: _____
RETIREMENT: _____	

PLEASE PRINT CLEARLY

Child's Surname: _____	Given Names: _____	Birth Date: _____ d. m. y.	Sex: _____
Street Address: _____			
City/Town _____	Postal Code: _____	Home Tel. # & Area Code: _____	
Previous School/Daycare (include last level if Elementary): _____			
Mother's Name: _____		Marital Status _____ *	
Address (if different from child) _____		Business Tel. # & Ext.: _____	
Business Name and Location: _____		Profession: _____	Cell Phone: _____
E-mail Address: _____			
Father's Name: _____		Marital Status _____ *	
Address (if different from child) _____		Business Tel. # & Ext.: _____	
Cell Phone: _____			
Business Name and Location: _____		Profession: _____	E-mail Address: _____
* Custody concern: yes ___ no ___ . If yes, please attach legal documentation.			
Sibling's Name(s)		Age:	Daycare/School Attending:
1. _____		_____	_____
2. _____		_____	_____
3. _____		_____	_____
Program Preferred:		Extended Care:	
<input type="checkbox"/> Montessori Elementary 8:45 am - 3:45 pm <input type="checkbox"/> Min. of Ed. Elementary 8:45 a m - 3.45 pm <input type="checkbox"/> Casa 5 Full Days 9:00 am - 3:30 pm <input type="checkbox"/> Casa 5 Afternoons 1:00 pm - 3:30 pm <input type="checkbox"/> Casa 5 Mornings 9:00 am - 11:45 am <input type="checkbox"/> Toddler 5 Mornings 9:00 am - 11:45 am <input type="checkbox"/> Toddler 5 Full Days 9:00 am - 3:30 pm		<input type="checkbox"/> 7:00 am - 9:00 am (Elem. To 8:45 am) <input type="checkbox"/> 8:00 am - 9:00 am (Elem. To 8:45 am) <input type="checkbox"/> 3:30 pm - 6:00 pm (Elem. From 3:45 pm) <input type="checkbox"/> 3:30 pm - 5:00 pm (Elem. From 3:45 pm)	

WE HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE TERMS AND PROVISIONS OF THE ADMISSION INFORMATION, CURRENT SCHEDULE OF FEES AND THE RELEASE/INDEMNITY AGREEMENT/DECLARATION. WE HAVE READ THE AMS CODE OF CONDUCT.

SIGNATURE OF PARENT

DATE

SIGNATURE OF PARENT

DATE

AURORA MONTESSORI AND PRIVATE SCHOOL

STUDENT'S SURNAME:	GIVEN NAMES:	BIRTH DATE: _____. _____. _____. d. m. y.	SEX: _____
		HEALTH CARD #:	

PRIORITY SEQUENCE OF CALLS IN AN EMERGENCY SITUATION

1ST PERSON:	HOME. TEL. #:
Relationship to Child:	BUS. TEL. #:
CELL #:	
2ND PERSON:	HOME. TEL. #:
Relationship to Child:	BUS. TEL. #:
CELL #:	
3RD PERSON:	HOME. TEL. #:
Relationship to Child:	BUS. TEL. #:
CELL #:	

How did you hear about our school?

We do _____ do not _____ authorize AMS to use _____ name and picture for school advertising.

Person/People to Whom Child May Be Released: 1. _____ 2. _____ 3. _____ _____	PICTURE OF STUDENT: _____ _____ _____ _____
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PLEASE ANSWER THE FOLLOWING QUESTIONS ACCURATELY AND PROVIDE AS MANY DETAILS AS POSSIBLE. FAILURE TO REPORT AN EXISTING CONDITION MAY JEOPARDIZE YOUR CHILD'S SAFETY AND PREVENT HIM/HER FROM ENJOYING THE MAXIMUM BENEFITS OF AN AMS EDUCATION. AMS RESERVES THE RIGHT TO REJECT AN APPLICATION IF THIS SECTION IS COMPLETED INACCURATELY.

DOES YOUR CHILD HAVE:

1. A CONDITION OR BEHAVIOUR THAT WOULD REQUIRE SPECIAL ATTENTION OR A SPECIAL DIET?

YES ___ NO ___ IF YES, PLEASE EXPLAIN:

2. A SOCIAL OR EMOTIONAL CONDITION?

YES ___ NO ___ IF YES, PLEASE EXPLAIN:

3. ALLERGIES (FOOD, MEDICATION, ETC.)

YES ___ NO ___ IF YES, PLEASE PICK-UP A SPECIAL ALLERGY FORM FROM OUR OFFICE AND COMPLETE AND RETURN IT WITH YOUR APPLICATION.

IF AMS IS NOT PROVIDED WITH DETAILED INFORMATION PERTAINING TO YOUR CHILD'S ALLERGIES, AMS, THEIR AGENTS AND EMPLOYEES CANNOT BE RESPONSIBLE AND MUST HOLD THE PARENTS LIABLE IF A CHILD HAS AN ALLERGIC REACTION.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

PARENTAL PERMISSION FOR OUT-OF-SCHOOL EVENTS

I hereby give permission for my child to participate in the out-of-school events and activities during the school year.

Parents - Please note: Prior to each outing, safety procedures are discussed with the children. If there are any problems that may affect the comfort or well-being of your child, please give full details in writing and contact the office to discuss it.

RELEASE, INDEMNITY AGREEMENT AND DECLARATION

The subject of this agreement is _____, herein referred to as "my child".
name of child

I, the undersigned, agree that in the event that I cannot be reached at the time of serious illness or accident, or if the emergency is such that time does not permit such contact, Aurora Montessori and Private School is authorized to secure proper treatment for, order injections for, provide First Aid for, or provide ANY TREATMENT prescribed by the physician caring for my child, as well as arrange transportation to the Emergency Department of the hospital, with no liability on the part of Aurora Montessori and Private School and their employees. I hold Aurora Montessori and Private School, their agents and employees harmless from any and all claims, damages, or liabilities for injuries to my child that are not the result of negligence of this school, their agents or employees, or are entirely beyond the control of this school, their agents or employees. AMS will notify parents as quickly as possible if their child is seriously ill or has had an accident.

I HAVE READ AND FULLY UNDERSTAND ALL OF THE ABOVE:

signature of parent

date

signature of parent

date

For office use only:

Date received.....by.....class assigned.....

Termination and other information.....