



APPLICATION
PACKAGE



AURORA
Montessori School
STRIVE - BELIEVE - ACHIEVE



AURORA

MONTESSORI SCHOOL

Application For Admission
For All Toddler, Casa &
Elementary Applicants

330 Industrial Parkway North.
Aurora, ON Canada
L4G 4C3
905-841-0065
www.auroramontessori.com

Please attach a
recent photo
of applicant

Part I: Applicant / Student Information

Surname: _____ Legal First Name: _____

*As it appears in your child's passport or government issued photo ID

Middle Name: _____ Preferred Names: _____

Date of Birth (mm/dd/yyyy): _____ Gender: M F

Citizenship Status: Canadian Citizen Canadian Landed Immigrant International Applicant

Country of Birth: _____ Country of Citizenship: _____ Language spoken in home: _____

Home Address: Street _____ City _____

Province _____ Postal Code _____ Home Phone Number _____

Part II: Program Information

Current Grade: _____ Entrance Date(Month/Year): _____ Payment Plan: Plan 1 Plan 2 Plan 3

Program or Grade Being Applied for: Elementary Grade: _____ Casa FT Casa AM Toddler FT Toddler AM

Extended Care Program: 7:00am 8:00am 5:00pm 6:00pm

Part III: Parent/Guardian Information

	Parent/Guardian 1	Parent/Guardian 2
Title:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other
Surname:		
First Name:		
Home Address: Street, City, Province, Postal Code	<input type="checkbox"/> same as student	<input type="checkbox"/> same as student
Home Telephone:		
Mobile Telephone:		
Work Telephone:		
Personal E-mail:		
Profession / Position:		

Company Name:		
Company Address: Street City, Province, Postal Code	<input type="checkbox"/> same as student	<input type="checkbox"/> same as student

Parents are: Married Single Separated Divorced Other (e.g., never married, common law) _____

If parents are separated or divorced, who has custody? Joint Mother Only Father Only Other _____

Applicant lives with: Both Parents Mother only Father only Guardian Other _____

Applicant's Siblings:

Name: _____ DOB: _____ School Attending _____

Name: _____ DOB: _____ School Attending _____

Name: _____ DOB: _____ School Attending _____

Part IV: Emergency Contacts

	Parent/Guardian 1	Parent/Guardian 2
Title:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other
Surname:		
First Name:		
Home Address: Street, City, Province, Postal Code		
Home Telephone:		
Mobile Telephone:		
Work Telephone:		
Personal E-mail:		
Relationship to Applicant:		
Is this person authorized to pick up your child from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any other individuals you would like to authorize for release/ picking up your child from AMS?

Full Name: _____ Relation _____ Mobile Tel # _____

Full Name: _____ Relation _____ Mobile Tel # _____

Full Name: _____ Relation _____ Mobile Tel # _____

Part V: Student Profile / Health Info

Ontario Health Insurance Plan (OHIP) # _____

Health Insurance (Other than OHIP) Provider Name: _____ Policy # _____

Doctor Information Name: _____ Email: _____ Phone: _____ Complete Address: _____
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Does your child have a need that would require special attention? No Yes (If yes, please specify; add attachment if necessary)

Does your child have any known allergies? No Yes (If yes, please specify; Additional Form Required)

Does your child have any social or emotional needs that would require special attention? No Yes (If yes, please specify)

Does your child have any dietary restrictions? No Yes (If yes, please specify)

Is your child taking medication? No Yes (If yes, please provide letter from doctor w/ prescribed drug and the daily dosage info)

Part VI: Education History

Previous School: _____ Date of Attendance: _____ Grade: _____
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Has your child skipped or repeated a grade? No Yes (If yes, please explain)

Have you ever engaged a tutor to assist your child with his/her studies? No Yes (If yes, please explain)

Has your child ever received a school suspension or expulsion? No Yes (If yes, please explain)

Is your child experiencing any learning difficulties? No Yes (If yes, please explain)

Does your child have an assessment? No Yes (If yes, please provide copies of the appropriate reports and explain)

Educational Assessment / Psychological Assessment Individual Education Plan

Part VII: General

How did you hear about AMS? Please be specific.

Website Friend Family Open House Agent Newspaper Our Kids Other _____

Have any of your friends or relatives attended AMS in the past?

Name _____ Relation _____

Name _____ Relation _____

Part VIII: Application Checklist

- Completed application form Complete Immunization Record Recent photograph of applicant
 Copy of applicant birth certificate or passport Allergy Alert form (if applicable)
 Tuition cheques according to payment plan Media Release Form Report cards from previous 1-2 years if available

Part IX: Release, Indemnity Agreement and Declaration

I, the undersigned, understand that by completing and signing this application I am affirming that ALL the information provided in this application is complete and accurate to the best of my knowledge. It is my responsibility to ensure that any concerns that may affect the comfort or well-being of my child is communicated by providing Aurora Montessori School with full details in writing on the subject and nature of my concerns. Furthermore, it is my responsibility to ensure that all medical and allergy information related to my child is communicated at the earliest possible opportunity to Aurora Montessori School if I am made aware of any new information as it pertains to my child. If Aurora Montessori School is not provided with detailed information pertaining to my child's allergies and medical conditions, the school, its employees and their agents cannot be held responsible for any harm arising from the medical consequences arising from my child having these conditions and allergies.

I understand that by submitting this application, that my child will be considered for enrollment at Aurora Montessori School. I further understand that this process does not automatically guarantee enrollment in Aurora Montessori School and that my child's name may be placed on a waiting list at the sole discretion of Aurora Montessori School. Aurora Montessori School does not charge a fee for a parent to be placed on a waiting list.

I, the undersigned, affirm that all the information provided is written as the truth in this application and is collected for the purpose of meeting information required for admission to the Aurora Montessori School. If an applicant is admitted to the school, the applicant's information will be shared with other offices within the school. At no point will anyone outside Aurora Montessori School be given proprietary access to your information, unless permission has been given by an additional consent provided and signed at a later date by the parent/ guardian. By providing your personal email, you consent to receiving information and newsletter from AMS. You can withdraw your consent at any time by notifying us by email to: info@auroramontessori.com

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 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 School and its employees. I hold Aurora Montessori School, its agents or employees free from liability from any damages from injuries to the applicant that are not the result of negligence of this school, or its agents or employees. AMS will notify parents and guardians as quickly as possible if their child is seriously ill or has had an accident.

Parent/Guardian 1 signature: _____ Date _____

Parent/Guardian 2 signature: _____ Date _____

