



AURORA
Montessori School
STRIVE - BELIEVE - ACHIEVE

**Application
Package
2023-2024**



AURORA
Montessori School

Application for Admission

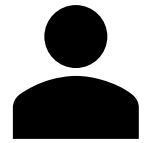
Aurora Montessori School

330 Industrial Parkway North, Aurora, Ontario, L4G 4C3

Telephone: 905-841-0065

Email: info@auroramontessori.com

www.auroramontessori.com



Attach a recent
photo of the student

Part 1: Student Information

Surname:	Legal First Name:		
Middle Name:	Preferred Name:		
Date of Birth: <i>dd/mm/yyyy</i>	Gender:		
Citizenship Status:	<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Canadian Landed Immigrant	<input type="checkbox"/> International Student
Country of Birth:	Country of Citizenship:		
Language(s) spoken in the home:	<input type="checkbox"/> English <input type="checkbox"/> French		
Home Address:	City:		
Province:	Postal Code:		
Home Telephone Number (if applicable):			

Part 2: Program Information

Current Grade:	Requested Entrance Date: <i>dd/mm/yyyy</i>			
Payment Plan:	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Monthly	
Program Being Applied for:	<input type="checkbox"/> Elementary Grade: _____	<input type="checkbox"/> Casa FT	<input type="checkbox"/> Toddler AM	<input type="checkbox"/> Toddler FT
Extended Care:	<input type="checkbox"/> 7:00am	<input type="checkbox"/> 7:45am	<input type="checkbox"/> 5:00pm	<input type="checkbox"/> 6:00pm

Part 3: Family Information

	Parent/Guardian 1	Parent/Guardian 2
Title:	<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other
Surname:		
Home Address:	<input type="checkbox"/> Same as student	<input type="checkbox"/> Same as student
Enter your email(s) below to receive information and updates from Aurora Montessori School. You can withdraw your consent at any time by notifying us via email: info@auroramontessori.com		
Personal Email:		
Primary Telephone:		
Alternate Telephone:		
Work Telephone:		
Profession/Position:		
Company Name:		
Company Address:	<input type="checkbox"/> Same as home	<input type="checkbox"/> Same as home

Parents are: ☐ Married ☐ Common Law ☐ Separated ☐ Divorced ☐ Single
☐ Other:

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

Student lives with: ☐ Both parents ☐ Mother Only ☐ Father Only ☐ Guardian
☐ Other:

Student's Siblings

Name: School Attending:

Name: School Attending:

Name: School Attending:

Name: School Attending:

Part 4: Emergency Contact Information (*other than parents/guardians*)

	Emergency Contact 1	Emergency Contact 2
Title:	<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other
Surname:		
Home Address:	<input type="checkbox"/> Same as student	<input type="checkbox"/> Same as student
Personal Email:		
Primary Telephone:		
Alternate Telephone:		
Work Telephone:		
Profession/Position:		
Relationship to Student:		
Authorized for Pick-up:	<input type="checkbox"/> No	<input type="checkbox"/> No

Are there any other individuals you would like to authorize for release/picking up your child from Aurora Montessori School? They must present identification at pick-up.

Name: Relationship to student: Telephone:

Name: Relationship to student: Telephone:

Part 5: Health Care Professional/Doctor Information

Surname:	First Name:
Address:	City:
Province:	Postal Code:
Email:	Telephone Number:

Part 6: Health Information

Ontario Health Insurance Plan (OHIP) #:

If OHIP is not available, please provide health insurance information.

Provider Name:

Policy #:

Does your child have a need that would require special attention?

☐ Yes

☐ No

If yes, please specify; add attachment if necessary:

Does your child have any known allergies?

☐ Yes

☐ No

If yes, please specify; An additional form will be required. Contact the office.

Does your child have any social or emotional needs that would require special attention?

☐ Yes

☐ No

If yes, please specify:

Does your child have any dietary restrictions?

☐ Yes

☐ No

If yes, please specify:

Is your child taking medication that needs to be administered at Aurora Montessori School?

☐ Yes

☐ No

If yes, please provide a letter from the doctor with prescribed drug and the daily dosage info. A medicine administration form is required.

Part 7: Education History

Current School:

(The school will be contacted to complete a recommendation form.)

Current Teacher

Current Teacher Email

Attended: *from*

To

Grades Completed:

Previous School (If Applicable)

Attended: *from*

To

Has your child skipped or repeated a grade?

☐ Yes

☐ No

If yes, please specify (add attachment if necessary):

Have you ever engaged a tutor to assist your child with his/her studies?

☐ Yes

☐ No

If yes, please specify (additional form required):

Has your child ever received a school suspension or expulsion?

☐ Yes

☐ No

If yes, please specify:

Is your child experiencing any learning difficulties?

☐ Yes

☐ No

If yes, please specify:

Does your child have an assessment?

☐ Yes

☐ No

☐ Educational Assessment

☐ Psychological Assessment

☐ Individual Education Plan

If yes, please provide copies of the appropriate reports and explain.

Part 8: How Did You Hear About Aurora Montessori School

Select all that apply.

- | | | | | | |
|---------------------------------|----------------------------------|-------------------------------------|-----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Google | <input type="checkbox"/> Website | <input type="checkbox"/> Instagram | <input type="checkbox"/> Facebook | <input type="checkbox"/> Twitter | <input type="checkbox"/> Our Kids |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Family | <input type="checkbox"/> Open House | <input type="checkbox"/> Agent | <input type="checkbox"/> Signage | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Other: | | | | | |

Have any of your friends or relatives attended Aurora Montessori School currently or in the past?

Student Name:

Relationship:

Student Name:

Relationship:

Release, Indemnity Agreement and Declaration

The information in this application is collected for the sole purpose of admission to Aurora Montessori School. If a student is admitted to the school, the student'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 the information, unless permission has been given by an additional consent provided and signed by the parent/guardian.

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. I understand that by submitting this application, that my child will be considered for enrolment at Aurora Montessori School. I further understand that this process does not automatically guarantee enrolment in Aurora Montessori School and that my child's name may be placed in a wait pool at the sole discretion of Aurora Montessori School. Aurora Montessori School does not charge any fees for a student to be placed in the wait pool.

I, the undersigned, acknowledge that 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. In the event that I cannot be reached at the time of a 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 student that are not the result of negligence of the school, or its agents or employees. Aurora Montessori School will notify parents and guardians as quickly as possible if their child is seriously ill or has had an accident.

I acknowledge I have read and understood the contents of this form and have been given full opportunity to discuss the implications of this consent of my own free will and my decision is not based upon representations or advice by representatives of Aurora Montessori School. These permissions are considered valid for the duration of your child's enrolment at AMS. If you would like to modify or revoke any permissions, please send your request in writing to the Office.

Parent/Guardian 1 Signature:

Date: dd/mm/yyyy

Parent/Guardian 2 Signature:

Date: dd/mm/yyyy

Notes

[illegible]

Notes

[illegible]



The journey begins!

Return after completing, signing and
dating the application in its entirety.

Admission Office

Aurora Montessori School
330 Industrial Parkway North
Aurora, Ontario
L4G 4C3

Telephone: 905-841-0065

Email:

admissions@auroramontessori.com

OFFICE USE ONLY

ID#:

START:

Room:

PROGRAM: