

## Durham Montessori School and Daycare Registration Form

Last Name:	First Name:
Preferred Name:	Middle Name:
Birth Date:	Start Date:
<b>PARENTS OR GUARDIANS</b>	
(1) Last Name:	First Name:
Relationship to Child:	Email:
Address:	
City:	Postal Code:
Home Phone:	Work Phone:
Cell Phone:	
Employer:	
Work Address:	
(2) Last Name:	First Name:
Relationship to Child:	Email:
Address:	
City:	Postal Code:
Home Phone:	Work Phone:
Cell Phone:	
Employer:	
Work Address:	
<b>EMERGENCY CONTACT</b>	
Name:	Relationship to Child:
Address:	
Home Phone:	Work Phone:
Cell Phone:	

Name:	Relationship to Child:
Address:	
Home Phone:	Work Phone:
Cell Phone:	

**AUTHORIZATION FOR PICKUP**

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pick up your child on your behalf.

Name	Address	Phone
.	.	.
.	.	.
.	.	.

A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released. Please note that the person picking up must provide Photo Identification and Contact Information before child can be released.

**MEDICAL INFORMATION**

Doctor:	Office Phone:
Address:	
City:	Postal Code:
Health Card# (Optional):	
Allergies:	
Medical Information:	
Medication:	

**ADDITIONAL INFORMATION (including, asthma, dietary requirements, rest, exercise):**

**IMMUNIZATION:** The Child Care and Early Years Act requires that we have a photocopy of your child's recent immunization record in our files. Please include a photocopy with this registration form. If you do not have the records, a copy can be obtained from your Doctor.

**COMMUNICABLE DISEASES (check those that your child has had):**

- CHICKEN POX:
- MEASLES
- GERMAN MEASLES
- PNEUMONIA
- RHEUMATIC FEVER
- WHOOPING COUGH
- FIFTH DISEASE
- FREQUENT COLDS
- BRONCHITI
- MIDDLE EAR INFECTION
- TONSILITIS
- SCARLET FEVER

**DROP OFF AND PICK UP TIMES**

	DROP OFF	PICK UP
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

It is understood that my child will be expected to be involved in all aspects of the program to the best of his/her ability. If your child is unable to function within our classroom environment, due to illness, we may ask that he/she remain at home. I understand the above statement and agree to keep my child home when ill. I am aware that I will be expected to make arrangements for early pick up if my child is ill during the day. Parents agree that if they wish to change amount of childcare days, one month WRITTEN notice is required.

Signature of Parents: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Director/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**DAYCARE USE ONLY**

Room Registered:	Days Registered:	
Start Date:	End Date:	
Registration Received:	Deposit Received:	Deposit Returned:
Immunization Received:		

## PARENT CONSENT FORM

CHILD'S NAME: \_\_\_\_\_

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### FIELD TRIPS

I hereby give consent for my child to participate in excursions, within walking distance of the centre, under the guidance of the staff of Durham Montessori School and Daycare.

\_\_\_\_\_ My child may participate in the above field trips.

\_\_\_\_\_ My child may not participate in the above field trips.

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### MEDICAL ATTENTION

In the event of an emergency, I understand and agree that my son/daughter, will receive:

- Whatever first aid is available
- Whatever additional medical assistance is required and available
- Such other emergency assistance as may be required to safeguard life and/or prevent injury

I understand further that I will be informed of the situation as soon as possible and that initial contact will be attempted by calling the telephone number(s) noted in the registration form.

\_\_\_\_\_ I give consent for my child to be transported by transportation arranged by Durham Montessori School and Daycare (ambulance, taxi, etc...) as required.

\_\_\_\_\_ I do not give consent for my child to be transported by transportation arranged by Durham Montessori School and Daycare (ambulance, taxi, etc...) as required.

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### VIDEOTAPE/PHOTO CONSENT FORM

From time to time, staff will videotape or photograph the children at Durham Montessori School and Daycare. Both the photos and videos are useful for staff training and community and educational awareness purposes. Occasionally, they may appear in the newspapers. Please indicate ONE of the following choices.

\_\_\_\_\_ I give consent for Durham Montessori School and Daycare staff to use videotapes/photos of my child(ren) for classroom and day-care use only.

\_\_\_\_\_ I give consent for Durham Montessori School and Daycare staff to use videotapes/photos of my child(ren) for uses inside and outside the day-care.

\_\_\_\_\_ I do not give consent for videotapes/photos to be taken of my child in any capacity.

**BACKGROUND INFORMATION**

CHILD'S NAME: \_\_\_\_\_

1. Brothers or sisters:

\_\_\_\_\_

2. Favourite friend, relative or babysitter, real or imaginary:

\_\_\_\_\_

3. It is important that my child learns:

\_\_\_\_\_

4. Favourite place to go:

\_\_\_\_\_

5. Activities their family do together:

\_\_\_\_\_

6. What the child does when upset, how can we comfort them:

\_\_\_\_\_

7. Toilet trained:

\_\_\_\_\_

8. Any other services involved with the child:

\_\_\_\_\_

**EMERGENCY CLASSROOM RECORD**

Name of Child: \_\_\_\_\_

Health Card Number (Optional): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mother's Name:	Father's Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Address:	Work Address:
Work Phone:	Work Phone:

Doctor's Name:
Doctor's Address:
Doctor's Phone:

**Emergency Contacts**

Name:	Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

**Allergies and/or Special Medical/Additional Information:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Symptoms of Ill Health:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROGRAM FEES**

Toddler Program	
<b>Full Time</b> \$55 Per Day (Age 12-18 months) \$50 Per Day (Age 19-30 months)	<b>Part Time</b> \$60 Per Day (2-3 days per week)

Preschool Program	
<b>Full Time</b> \$47 Per Day	<b>Part Time</b> \$50 Per Day (4 days per week) \$52 Per Day (2-3 days per week)

Child care fees are payable to Durham Montessori School and Daycare on the 1st of every month. There is a late fee charge of \$5.00 per day effective on the 2nd day of the month. If fees are not submitted by the 2nd day of the month, a letter will be issued which states that child care service will be terminated immediately. The charge for NSF cheques is \$45.00. Fees are subject to change by start date. Durham Montessori School and Daycare will be accepting payments only by E-Transfer, Cash, Money Order and Preauthorized Payments.

**Monthly**

**REGISTRATION FEE**

\$100.00 (per child)

**DEPOSIT**

\$250.00 (per child)

Parents are required to provide one (1) month written notice of withdrawal during business hours. Failure to provide adequate notification will result in the forfeiture of the deposit paid at the time of registration. Deposits will only be deducted off the last months invoice. The spot is reserved for one year, otherwise deposit fee will not be refunded. The deposit is NON REFUNDABLE even if parents decide to withdraw their child's registration before the agreed start date.

I have read and understand Durham Montessori School and Daycare's fee payment and agree to abide by the policy.

Signature of Parents: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Director/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_



**Durham Montessori School and Daycare  
SUNSCREEN AND OTHER PRODUCTS CONSENT FORM**

Durham Montessori School and Daycare staff are hereby authorized to administer sunscreen, diaper rash cream, insect repellent, lip balm, body moisturizers and other supplied by their parents.

CHILD'S NAME

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DATE:

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SIGNATURE OF PARENT/GUARDIAN

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