



1550 Front Rd.
LaSalle Ontario
N9J 2B6

Child's
Name: _____

Start Date: _____

Term. Date: _____

ALL registration is based on FULL TIME ATTENDANCE (5 Full days Monday-Friday)

PROGRAM: **Toddler Room (16-36 mos)**

Casa Room (3-6 years)
Must be potty trained

- | | |
|--|--|
| <input type="checkbox"/> 5 Full Days (9am-4:00pm) | <input type="checkbox"/> 5 Full Days (9am-4:00pm) |
| <input type="checkbox"/> 5 Full Days Ext. (up to 10 hrs) | <input type="checkbox"/> 5 Full Days Ext. (up to 10 hours) |

Hours Required: _____ Drop Off: _____ Pick Up: _____

SCHOOL AGE ~ BUSSING PROGRAM

Name of Grade School _____ Bus # _____

☐ Before & After School Supervision ONLY

MONDAY - FRIDAY

Parent Drop Off: _____ Parent Pick Up: _____

Bus Pick Up Time: _____ Bus Drop Off Time: _____

☐ Before School Supervision ONLY

MONDAY - FRIDAY

Parent Drop Off: _____ Bus Pick Up Time: _____

☐ After School Supervision ONLY

MONDAY - FRIDAY

Parent Pick Up: _____ Bus Drop Off Time: _____



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Date of Birth: _____

Gender: _____

Child's Last Name: _____

Child's First Name: _____

Child's Home Address (Inc. Postal Code)

Parent's Address (if different)

Home Phone Number: _____

Mother/Guardian

Father/Guardian

Last Name: _____

First Name: _____

Employer's
Name: _____

Email Address

Work Phone: _____

Cell Phone: _____

Custody Arrangements (if applicable)

Are these custody arrangements pertaining to legal right of access to your child? **YES** **NO**

If **YES**, please provide a copy of the appropriate legal documentation (eg., court order)



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Emergency Contacts

Full Name: _____ Relationship to child: _____

Primary Number: _____ Alternate Number: _____

☐ Authorized to pick-up child

Full Name: _____ Relationship to child: _____

Primary Number: _____ Alternate Number: _____

☐ Authorized to pick-up child

Pick Up Authorization

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identity before child will be released)

Name & Relationship: _____ Phone Number: _____

Name & Relationship: _____ Phone Number: _____

Health Information

Does your child have any medical needs/ special needs/ behavioural concerns that requires additional support (e.g., Diabetes, febral seizures, developmental delay, speech delay, Autism, ADHD etc.)

☐ YES

☐ NO

If yes, please specify:

If yes, an individualized plan for children with medical needs must be developed between the parent and the child care centre prior to the child's first day of care.



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Allergy Information

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts etc)

☐ YES ☐ NO

If yes, an individual plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the child care centre prior to the child's start date.

Does your child have any allergies that are not life-threatening (food or other substances ex. latex)? ☐ YES ☐ NO If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

Dietary Requirements - If any dietary restrictions, please note you must bring in your child's lunch daily

Please list any dietary requirements/restrictions (e.g., vegetarian, gluten-free etc.)

Immunization Record

Please provide a copy of your child's immunization record (yellow card) to the centre prior to your child's first day. **PLEASE ATTACH A PHOTOCOPY OF YOUR CHILD'S IMMUNIZATION RECORD**

If you have chosen not to immunize your child, a Statement of Medical Exemption form or Statement of Conscious or Religious Belief form must be completed, notarized and provided to the centre. These forms are available on the Ministry of Education's website.



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Health Information

If your child has had any history of communicable diseases (e.g. chicken pox, measles etc.) please list them below.

Does your child have any medical need(s) that requires additional support (e.g. Diabetes, ADHD)? ☐ YES ☐ NO

If yes, an individual plan for children with medical needs must be developed between the parent and the child care centre prior to the child's start date.

Sleep Arrangements

Does your child nap? ☐ YES ☐ NO

If yes, how long does your child usually nap? _____

Additional Information

Please indicate any additional information that is relevant to the care of your child (e.g., prone to colds, frequent shoulder dislocations etc.)

Parent Name

Parent Signature

Date

Staff Name

Staff Signature

Date



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EMERGENCY TREATMENT

Parent's Name: _____

Address: _____

Phone Number: _____

Cell Number: _____

Health Card Number: _____

AUTHORIZATION FOR EMERGENCY TREATMENT

In case of a medical emergency, I understand that every effort will be made to contact the parents or guardians of:

Name of Student - Please Print

In the event that I cannot be reached, I hereby give permission to the physician selected by Montessori Early Years to hospitalize and/or secure proper treatment for my child.

Signature of Parent/Guardian: _____

Date of Signature: _____

ATTACH COPY OF HEALTH CARD:

NURSERY SCHOOL INFORMATION REQUEST



MONTESSORI EARLY YEARS

Participation Agreement

to email and publish my child's work, photographs or videos via Lillio

To: Parent / Legal Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior.

In the interest of safety and security we require parent permission for the publishing of children's work, photographs or videos through a software program called Lillio (the "Program"). By signing this form you grant permission for Montessori Early Years to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein.

MEY reserves the rights to all pictures taken and by signing this agreement you give rights to MEY to post pictures taken on MEY's website and social media. Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent YOU agree not to share photos or video of any child, other than your own, outside the Program (All Social Media Sites). It is your responsibility to inform those who are under your Lillio profile and/or come in contact with the pictures about this. In the case that you do not adhere to these terms Montessori Early Years will immediately terminate your profile with Lillio.

To learn more about the Program, please visit www.lillio.com. Please complete, sign, and return this form to the center if you wish to participate. If you wish NOT to participate your child(ren) will only get reports and messages (no pictures). We encourage you to contact us if you have any questions.

I hereby acknowledge that I wish to voluntarily participate in the Program:

Childs Name: _____ **Date of Birth:** _____

Mother's Name: _____

Email Address: _____

Father's Name: _____

Email Address: _____

Signature: _____ **Date:** _____

MEY Staff Initials: _____



Parent Contract

Please fill in and return with re-registration form

Please check (✓) each after reading

- ☐ I have read and understand all of The Montessori Early Years Inc. Policies and Parent handbook including CWELCC guidelines etc: available on the website.

Pre-Authorized Debit

- ☐ Payment to M.E.Y will be done on Pre-Authorized Debit. Please fill out/sign the Agreement form attached to the parent contract and submit before the start date. I understand that the payment will be posted for the 1st of every month, and if starting in the middle of the month the first payment will be pro-rated and taken out on the start date.
- ☐ I understand that if there are extra services (not entitled to CWELCC rates), an invoice will be sent out and MEY will bill through the PAD.
- ☐ I will pay the **\$75.00 registration fee/year** on the first day of enrollment, this fee will be added to your first tuition payment. This registration fee is NON-REFUNDABLE in whole or in part.
- ☐ Any time taken off during the school year for vacation or other reasons is non-refundable
- ☐ All termination dates must be received 30 days in advanced.
- ☐ My child will be in attendance on a full time basis (5 days/week). **I also understand that if my child misses his/her scheduled day, make up days will not be available.**
- ☐ **I will not send my child to school if she/he is ill.** E.g.: Fever, Infectious diseases, vomiting, diarrhea, if they are too ill to participate in outdoor activities, or has a contagious illness. I also understand that my child must be fever free, diarrhea free and/or vomit free for **24 hours** before returning to school.
- ☐ If my child becomes ill at any time throughout the day at the school, I will come and pick him/her up immediately, or an alternative will.
- ☐ I have signed and returned the Lillio/MEY participation agreement; I understand that this is MEY's primary form of communication. If you decline the agreement, the onus will exclusively rely on the parent to obtain all school information.
- ☐ I understand that without this parent contract my registration will be null and void. This is a legal document.

Parent Name: (Please Print) _____ Parent Signature _____

Date _____

School Administrator (Please Print) _____ Administrator's Signature _____

Date _____