

RE- REGISTRATION FORM (West Campus) 2019-2020

STUDENT INFORMATION

Last Name:

First Name:

Middle Name(s):

Preferred Name:

Date of Birth (dd/mm/yy):

Home Address:

City:

Postal Code:

Home Phone:

DESIRED PROGRAM

Half Day Toddler

Full Day Toddler

Half Day Pre-CASA

Full Day Pre-CASA

Half Day CASA

Full Day CASA

Extended Care (Before /After/Both)

Others _____

Please check here if you wish to transfer to our Bullock Campus in the new school year.



HEALTH INFORMATION

If same as in previous years, please check the box below.

Same info

Please fill in the new Health Information if anything has changed from the previous year:

Physician's Name

Physician's Contact Number

Physician's Address

Please list any allergies your child has and their reaction to these allergies:

Please list any food sensitivities or restrictions:

FAMILY INFORMATION

If same as in the previous years, please check the box below and proceed to "Emergency Contact" Section.

Same Info

Mother's Name	Mother's Contact Number
Mother's Email Address	
Mother's Work Address	
Father's Name	Father's Contact Number
Father's Email Address	
Father's Work Address	

EMERGENCY CONTACT INFORMATION & AUTHORIZED PICK-UP INFORMATION

Check here if information is the same as last year.

Same Info

Please list the names of two persons other than the parents or guardians who may be contacted in the event of an emergency and who are authorized to pick up your child/children from school.

EMERGENCY CONTACT (OTHER THAN PARENTS):

Name	
Contact Number	Relationship to Child
Name	
Contact Number	Relationship to Child

AUTHORIZED PICK UP INFORMATION:

Name	
Contact Number	Relationship to Child
Name	
Contact Number	Relationship to Child

CONTRACT AGREEMENT

We the parent(s) / guardian acknowledge the following:

1. Our child/children is enrolled upon acceptance by Pris-T-gis Montessori School, parent signature on the hard copy of this form, and delivery of a registration fee of \$50 (dated the day of re-registration) and deposit of \$500 (to be applied to the last month (June) of school tuition) on **one cheque** and a completed Pre-Authorize Debit Form with a VOID cheque.
2. Our child/children's enrolment is in effect until he/she completes the coming year of the program and understands the withdraw policies as stated in Parent Handbook.
3. Extended care must be indicated and request upon confirmation of re-registration. **No changes, cancellation or refund** will be made after re-registration completed.
4. We agree to monthly payments through Pre-Authorized Debit and there is be a charge of \$40.00 for any NSF transactions.
5. There is no refund or reduction in fees in case of withdrawal, dismissal, absence, cancellation, or non-attendance unless otherwise approved by the Director as per our school withdraw policy.
6. It is the responsibility of parents/guardians to ensure that our child/children's immunization record is always up to date.
7. We confirm the accuracy of the information given in the application form and agree to notify the School immediately of any changes. We understand that the responsibility of the School for our child/children begins when the child/children has been duly admitted to School each day and ends when the child has been dismissed to go home. To the best of our knowledge, our child is in good health. If we cannot be reached at a time of illness or accident, or if the emergency is such that the time does not permit such contact, the School is hereby authorized to call 911 and/or contact the physician named above, or a physician selected by the School, to treat, hospitalize, and order injections, anaesthesia, or surgery for our child/children. We understand that the School will notify us of field or program trips. We understand the school will use school transportation, hired transportation, or volunteer transportation by teachers or parents or these excursions. We also realized that young children, even under close supervision, will have occasional accidents. Therefore, we hereby release, indemnify, and hold harmless the School, its directors, agents, and/or employees from any and all claims, damages, or other liabilities for injuries to our child/children which are not a result of the negligence of the School, its directors, agents, and/or employees, or are entirely beyond the control of the School, its directors, agents, and/or employees.
8. We confirm that our child/children will join the hot lunch program which is provided by the School's authorized catering service/company.

9. Pris-T-giS Montessori School uses email and other means electronic telecommunication to distribute information about the School and its activities. In accordance with Canada's anti-spam legislation, we require your permission to communicate with you via email or other means of electronic telecommunications. By signing this contract agreement, you are providing Pris-T-giS Montessori School with consent to communicate with you via electronic means of telecommunications. If, at any time, you wish to revoke this consent, please state such intention in writing to the Pris-T-giS Montessori School office.

Signature(s) of Parent (s) / Guardian:

Date:

PRIVACY AND PERSONAL INFORMATION

All information, personal or otherwise, collected on this form will be held in confidence and will only be used by and for Pris-T-giS Montessori School. Your information will never be shared or sold to any other entity, party, or business.

Office use only:

Date received:

Programme:

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Staff Signature:

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Comments:

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