



# Pris-T-Gis Montessori School

2977 16th Ave, Markham, ON L3R 0K9

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Email: [pristgiswestcampus@gmail.com](mailto:pristgiswestcampus@gmail.com)

[www.pris-t-gis.com](http://www.pris-t-gis.com)

DATE OF ADMISSION:
START DATE:

DATE OF DISCHARGE:
Program Name

## STUDENT INFORMATION

Student Name	Date of Birth	Gender
Home Address		
Home Phone Number	Health Card Number	
Current School Name	Current Grade Level	Languages spoken at Home
Does your child need to nap in the afternoon? YES                      NO	Any Special Care Needed? Any pervious Individualized learning plan ? (if yes, please provdie a copy)    Yes    No	

## PARENT INFORMATION

Mother's Name	Mother's Contact Number
Mother's Email Address	
Mother's Work Address and Home address (if different from above)	
Father's Name	Father's Contact Number
Father's Email Address	
Father's Work Address and Home Adress (if different from above)	

**MEDICAL INFORMATION**

Physician's Name	Physician's Contact Number
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Physician's Address
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Please specify, with name and date and copy of medical history if any previous history of communicable diseases (i.e.. Chicken pox, measles).
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Does your child have any allergies? (if yes, please provide details and complete a allergy form) Yes    No
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Does your child have an Anaphylactic allergy? (if yes, please complete a Anaphylactic allergy action form/agreement) Yes    No
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Does your child need an Asthma? Inhaler needed? Yes                  No	Does your child need an Epi-Pen? (if yes, please complete Epi-Pen Training Form) Yes    No
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Does your child have any symptoms indicative of ill health? (if yes, please provide detail and medical record) Yes    No
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Any copy of individualized plan? (if yes, please provide a copy) Yes    No
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Any special requirements/restriction in respect of diet, rest of physical activity? (if yes, please provide detail) Yes    No
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Any medication treatment or medication that is to be administered during school hours? (if yes, please complete a medication administrator form provided with the registration package)                  Yes    No
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**EMERGENCY CONTACT (OTHER THAN PARENTS)**

Name	Address
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Contact Number	Relationship to child
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Name	Address
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Contact Number	Relationship to child
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<b>Name of all people your child may be released to if necessary (other than parents/guardians):</b>		
1. Name	Contact Number	Relationship

2. Name	Contact Number	Relationship
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3. Name	Contact Number	Relationship
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**TERMS AND CONDITIONS**

1. Positions at Pris-T-Gis Montessori School are for entire school year (September to June). Parents, guardians or others accepting financial responsibility are accountable for the FULL yearly fees even if your child is withdrawn during the school year. Monthly payments or Pre-authorize debit payments are intended only for convenience of parents/guardians. No refunds are given for holidays, absences or any vacation time.

2. Pris-T-Gis Montessori School must receive all post-dated cheques or a signed PAD, dated for the first of every month and remitted to the office at the time of registration. An update immunization record must be provided before first day of school.

3. There will be a charge of \$40.00 of all NSF cheques or PAD.

4. The registration fee and deposit are non-refundable.

I/WE HAVE READ, UNDERSTAND AND AGREE WITH ALL OF THE ABOVE TERMS AND CONDITIONS, RULES, PROCEDURES, AND POLICIES OUTLINED IN PRIS-T-GIS MONTESSORI SCHOOL.

Signature of Mother / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Father / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_