



**International Montessori**

**Academy of Canada**

2375 Koksilah Road Duncan BC V9L 6M5

**Registration Forms**



## Enrollment Package Contents

Name of Child \_\_\_\_\_ Date of Entry: \_\_\_\_\_

Parent and Family Name: \_\_\_\_\_ Date of Drop: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex  M  F

Authorized Representatives: \_\_\_\_\_

**NOTE:** The school director is responsible for obtaining all information as required.

**Enrollment Package Contents -- must be accurate and complete.**

**Check off *only* if present *and* complete:**

1	Welcoming Parents Letter	Page 2	
2	Child Care Registration Form	Pages 3-5	
3	Student Information Form	Pages 6-7	
4	Emergency-Permission Form	Page 8	
5	Admission Policy and Agreement	Pages 9-10	
6	Tuition and Enrollment Contract	Pages 11-13	
7	Disaster Preparedness Program	Page 14	
8	Earthquake Food Kit	Page 15	
9	Parent Ethnic Statement	Page 16	
10	Photograph Consent	Page 17	
11	Child Abuse Policy	Page 18	
12	Parents Handbook	Page 19	
13	First Month Tuition		

Dear Parent/Guardian:

The following enrollment packet consists of several pages of information required in order for your child/children to be enrolled in our school.

This enrollment packet has been designed to meet the above requirements for enrollment and we ask that you complete all pages with the required information.

Should you have any questions with regards to the information that we require, please discuss with the school director.

It is important that all of the information be accurate and complete.



Dear Parents,

Thank you for enrolling your child in our Montessori Academy.

We welcome you, your family and each child into our unique International Montessori Family. We consider it a privilege to be responsible for creating a warm, loving, nurturing educational and safe environment for your child.

Our focus is to give your child a memorable, enriching and happy Montessori experience. This experience will become the corner stone for his or her future educational journey. We view our programs as a launching pad for his or her educational attitude and desire to learn. To see evidence of your child's growth and progress is our gauge that we are contributing to his or her successful scholastic success.

To fully achieve this, we promote a team approach as teachers in working with you, our pupil and child's parents for the child's maximum achievement. For this reason, we encourage you to share any ideas or suggestions or questions you might have regarding your child's progress.

Within the same team spirit there may be periods of time when we need to ask parents for additional support of our educational goals and methods at home to better fulfill that child's needs at school.

The bottom line is that we are here for your child to succeed, ensuring that your child is experiencing that learning and school is pleasant and a meaningful part of the child's life where he or she is an important person.

In closing, for parents to attend school functions is positive reinforcement for your child's perception that he or she plays a valuable part in society.

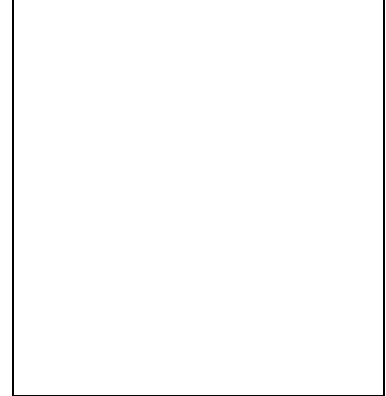
Again, thank you for entrusting your precious child in our Montessori Program.

*Inayat Khan Bergum*



**CHILD CARE REGISTRATION FORM**

**Photo of Child**



**FACILITY:**  
International Montessori Academy of Canada

DATE OF ENROLLMENT: (YYYY / MM / DD) \_\_\_\_\_

**CHILD**

NAME OF CHILD \_\_\_\_\_  
SURNAME GIVEN MIDDLE NAME

NAME CHILD RESPONDS TO \_\_\_\_\_ SEX:  M  F  
ADDRESS \_\_\_\_\_

DATE OF BIRTH YYYY / MM / DD FIRST DAY OF ATTENDANCE YYYY / MM / DD END DATE YYYY / MM / DD

**PARENT/GUARDIAN**

NAME \_\_\_\_\_  
PLACE OF WORK \_\_\_\_\_ PHONE \_\_\_\_\_ LOCAL \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ HOURS OF WORK \_\_\_\_\_  
POSTAL CODE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_  
PLACE OF WORK \_\_\_\_\_ PHONE \_\_\_\_\_ LOCAL \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ HOURS OF WORK \_\_\_\_\_  
POSTAL CODE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**MEDICAL INFORMATION**

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_  
MEDICAL INSURANCE PLAN NUMBER \_\_\_\_\_ DATE EFFECTIVE YYYY / MM / DD

**ALTERNATE PERSON TO CALL/PICK-UP CHILD IN CASE OF EMERGENCY**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_



# International Montessori Academy of Canada

## PERSONS (OTHER THAN PARENT/GUARDIAN AND EMERGENCY CONTACTS) AUTHORIZED TO PICK UP CHILD FROM FACILITY

NAME	PHONE
NAME	PHONE
NAME	PHONE

## PERSONS NOT PERMITTED ACCESS TO CHILD

NAME	PHONE
NAME	PHONE

ARE THERE CUSTODY ORDERS?       YES       NO      IF YES, ATTACH DOCUMENTATION

## NAMES OF OTHER CHILDREN LIVING AT HOME

NAME	DATE OF BIRTH	YYYY / MM / DD
NAME	DATE OF BIRTH	YYYY / MM / DD

## HAS CHILD HAD PREVIOUS EXPERIENCE AWAY FROM HOME? (DAY CARE, PRESCHOOL, SUNDAY SCHOOL, ETC.)

YES       NO

IF YES, EXPLAIN: \_\_\_\_\_

WHERE? \_\_\_\_\_ DATES OF ATTENDANCE: \_\_\_\_\_

DO YOU THINK YOUR CHILD FEELS COMFORTABLE LEAVING PARENTS?       YES       NO

EXPLAIN: \_\_\_\_\_

## DOES THIS CHILD HAVE ANY KNOWN HEALTH PROBLEMS/MEDICAL DISABILITIES?      YES      NO

IF YES, ATTACH DOCUMENTATION

LIST ANY COMMUNICABLE DISEASES CHILD HAS HAD: \_\_\_\_\_

HAS HE/SHE HAD ANY RECENT ILLNESS?       YES       NO      IF YES, EXPLAIN: \_\_\_\_\_

ANY ALLERGIES?       YES       NO      IF YES, PLEASE LIST: \_\_\_\_\_

## IF YES, ATTACH SPECIAL INSTRUCTIONS TO FOLLOW IN THE EVENT OF AN ALLERGIC REACTION

WHAT IS THE CHILD'S EATING HABIT? \_\_\_\_\_

FAVORITE FOODS: \_\_\_\_\_

STRONG DISLIKES: \_\_\_\_\_

DO YOU HAVE A PLAN FOR WHEN YOUR CHILD IS ILL?       Yes       No      If Yes, please explain \_\_\_\_\_

PREVIOUS SCHOOLING: \_\_\_\_\_

CHILD BEGAN TALKING AT AGE: \_\_\_\_\_ TOILET TRAINING STARTED AT AGE: \_\_\_\_\_

HOW DOES CHILD GET ALONG WITH BROTHERS, SISTERS AND OTHER CHILDREN?

\_\_\_\_\_

DESCRIBE YOUR CHILD'S PERSONALITY: \_\_\_\_\_

\_\_\_\_\_



# International Montessori Academy of Canada

## **BASIC SCHEDULE AND RECORD OF IMMUNIZATION AS SUBMITTED BY PARENT/GUARDIAN** (ATTACH IMMUNIZATION RECORD - OR RECORD THE DATES)

First Visit – two months of age: YYYY / MM / DD	Fourth Visit – 12 months of age: YYYY / MM / DD
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Measles
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Mumps
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Rubella
<input type="checkbox"/> Polio	<input type="checkbox"/> Meningococcal C Conjugate
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	<input type="checkbox"/> Varicella (chicken pox)
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Pneumococcal Conjugate	Fifth Visit – 12 months after third visit: YYYY / MM / DD
<input type="checkbox"/> Meningococcal C Conjugate	<input type="checkbox"/> Diphtheria
	<input type="checkbox"/> Pertussis
Second Visit – two months after first visit: YYYY / MM / DD	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Polio
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Haemophilus Influenza Type b (hib)
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Measles, Mumps, Rubella
<input type="checkbox"/> Polio	<input type="checkbox"/> Pneumococcal Conjugate
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	
<input type="checkbox"/> Hepatitis B	4 to 6 years of age: YYYY / MM / DD
<input type="checkbox"/> Pneumococcal Conjugate	<input type="checkbox"/> Diphtheria
	<input type="checkbox"/> Pertussis
Third Visit – two months after second visit: YYYY / MM / DD	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Polio
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Varicella (chicken pox)
<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Polio	Other Immunizations:
<input type="checkbox"/> Haemophilus Influenza Type b (hib)	YYYY / MM / DD
<input type="checkbox"/> Hepatitis B	YYYY / MM / DD
<input type="checkbox"/> Pneumococcal Conjugate	YYYY / MM / DD

**BY MY SIGNATURE BELOW I ACKNOWLEDGE THE FOLLOWING:**

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS, IF I CANNOT IMMEDIATELY BE REACHED.

I DO NOT WISH MY CHILD TO BE IMMUNIZED \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**CAREGIVER SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_



**STUDENT INFORMATION FORM**

The following information will be very helpful to your child's new teacher. Please answer all questions as accurately as possible to enable us to better help your child. Thank you!

Child's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Previous Group Experiences:(Check all that apply)

Length of Time:

\_\_\_ Small Family Day Care (less than 6 children)

\_\_\_\_\_

\_\_\_ Large Home Day Care (more than 6 children)

\_\_\_\_\_

\_\_\_ Private Pre-School (Formal pre-school; more than 12 children in whole school)

\_\_\_\_\_

\_\_\_ Stayed home with Parents or Babysitter

\_\_\_\_\_

Does your child get along well with other children?  Yes  No

**Parent's Marital Status:**

Living Together \_\_\_\_\_ Divorced \_\_\_\_\_

Is child adopted?  Yes  No

Temporary Separation: \_\_\_\_\_ Permanent Separation: \_\_\_\_\_

Are there any court restraining orders that we need to be aware of?  Yes  No

If "Yes," please explain: \_\_\_\_\_

Please list any medical condition(s) we should be aware of: \_\_\_\_\_

Allergies: \_\_\_\_\_

Does your child have any speech, hearing, sight, or other difficulties we need to know about?  Yes  No

If "Yes," please list and explain: \_\_\_\_\_

Disciplinary tactics Child is used to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## International Montessori Academy of Canada

Does your child have any behavioral problems? \_\_\_\_\_

Do you want your child to take a nap?  Yes  No

Does your child need toilet training?  Yes  No (Subject to an \$100/month fee)

Would you be interested in Summer School?  Yes  No

Will your child be attending our field trips?  Yes  No

How did you learn about International Montessori School?

Friend

Neighbors

Internet

Other Children Attending

Other

Why did you enroll your child in a Montessori School? \_\_\_\_\_

Are both parents/legal guardians interested in the child's education?  Yes  No

Is either parent/legal guardian a stepparent?  Yes  No If Yes, which is? \_\_\_\_\_

Is either parent deceased?  Yes  No If Yes, which is? \_\_\_\_\_

Is child adopted?  Yes  No

Is either parent/legal guardian away from home for long periods of time?  Yes  No

Is childcared for by anyone other than parents/legal guardians?  Yes  No

Is there any unusual feature in your child's home or history, which would be useful in better understanding your child?

Child's most desirable traits: \_\_\_\_\_

Child's most undesirable traits: \_\_\_\_\_

What academic subjects is your child most ready for? \_\_\_\_\_

I/We hereby request to have my/our child, \_\_\_\_\_, to be enrolled at the International Montessori Academy.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

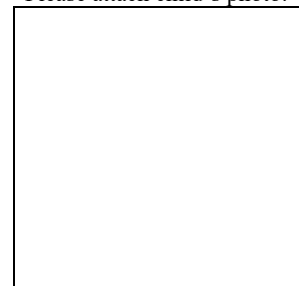




# International Montessori Academy of Canada

## EMERGENCY – PERMISSION CARD

Please attach child's photo:



Child's Name: \_\_\_\_\_

Surname, First

D.O.B. \_\_\_\_\_

Year, month, day

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Work phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Work phone: \_\_\_\_\_

Date of Most Recent Tetanus Shot: \_\_\_\_\_

Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_

Medical Number: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Child's Dentist:\* \_\_\_\_\_ Phone: \_\_\_\_\_

\*Optional

## PERMISSION FORM

1.  
It is the facility's policy to notify the parent when a child is ill or requires medical attention. If we are unable to contact the parent and the child needs immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child. Your consent will accompany the child to the emergency service.

2.  
I hereby authorize the staff at \_\_\_\_\_ child care facility to call a medical practitioner or ambulance for my child, \_\_\_\_\_, in case of accident or illness if I cannot immediately be reached. If such an emergency should arise, I shall be notified as soon as possible. I agree that I shall be solely responsible for any cost incurred for such services.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian



## **Admission Policy and Agreement**

I. The International Montessori Academy, policy for the parent(s)/legal guardian(s), is to follow each and every one of the guidelines, which is in the best interest of the child's health and welfare while in our care.

A. Observation by the Parent.

Any time after enrollment the parents are welcome to come and observe as long as they like, providing it does not disturb the child, class, or teacher.

B. Observation by the School:

It is our policy that we meet each child before enrollment to our facility. The child should come in and meet with the other children to interact and "feel at home."

II. Eligibility requirements are set out as follows.

A. Each child must be ambulatory and between the age of 2 and 6 years old.

B. Each child must have a valid, up-to-date medical immunization record. DTT, Polio, T.B., Measles, Mumps, etc. must all be current prior to admission. A copy of this immunization record is required for the child's file.

III. Enrollment Packet.

Upon enrollment, International Montessori Academy, is required to maintain a written admission agreement for each child, and a completed enrollment packet, which includes the following items:

- |                                    |   |
|------------------------------------|---|
| 1. Admission Policy and Agreement  | 10. Earthquake Food Kit                       |
| 2. Enrollment Application          | 11. Parent Ethics Statement                   |
| 3. Tuition and Enrollment Contract | 12. Handbook Receipt                          |
| 4. Student Emergency Card          | 13. Child's Preadmission Health History (702) |
| 5. Child Abuse Policy              | 14. ID and Emergency Information (700)        |
| 6. Disaster Preparedness Program   | 15. Notification of Parents' Rights (995)     |
| 7. Photograph Consent Form         | 16. Personal Rights (613A)                    |
| 8. Student Information             | 17. Consent for Medical Treatment (627)       |
| 9. Prescription Medication         |   |

IV. Emergency Information.

International Montessori Academy requires emergency notification information to be on file at the school. It is the responsibility of the Parent/Legal Guardian to notify the school of any changes in residential, work, emergency, or authorized pick-up information.

V. Attendance.

International Montessori Academy is an educational program for very young children. It is critical to the proper organization of this program that you have your child at school on time and ready to begin the class period by 8:30 a.m.

VI. Sign-In and Sign-Out.

As part of our Safety procedures, International Montessori Academy, requests that Parents/Legal Guardians sign their child in when they drop them off in the morning. Please note the time in the Sign-In Logbook. Upon retrieving a child in the afternoon, Parents/Legal Guardians must sign their child out. For your own child's protection, no child will be released to a person without authorization.



(Admission Policy & Agreement Cont.)

VII. Clothing.

As part of the regular daily activities, the children at International Montessori Academy, engage in such activities as painting, playing in the sandbox and grass, coloring with crayons and markers, working with food coloring and other water activities.

Please do not send your child to school in special clothes that you do not want to become soiled or dirty. We believe children should have fun in school and this means allowing them to climb up on monkey bars and play in the sand without having to worry about their clothes. As a safety precaution we also request that your child refrain from wearing boots or sandals (open-toed shoes) that do not support the foot properly. These encourage tripping and stumbling. Children’s clothes need to be comfortable enough for play and should allow for easy bathroom manageability.

VIII. Lunches.

The school offers a hot lunch program for \$4.00 per day, or parents may send their child’s lunch. Lunches should be nutritious, low in sugar, and include an afternoon snack.

IX. Illness.

International Montessori Academy is designed for the well child. We ask for your assistance in helping us keep a healthy school. Please **DO NOT** send your child to school unless he/she is feeling well and is ready for a busy day. Please notify the office, if your child is ill.

In order to prevent the spread of communicable illnesses; take the time in the morning to observe your child. If a child has a cough and/or a runny nose, he can be contagious and should stay home. If a child has been sent home with a fever, vomiting, diarrhea or other symptoms, the child needs to stay home one extra day after the child has returned to normal. The extra day is standard policy for most illnesses and will help ensure your child’s recuperation and the health and safety of the teachers and other children.

If your child becomes ill, while at school, we will phone you. If we are unable to reach you, we will call the emergency numbers as you have directed. Be sure to keep your emergency numbers current. Your child is counting on you.

Our goal is to keep the children healthy. The staff is very diligent about hand washing and keeping materials and play items clean and germ free. If you have any questions, please call the office.

X.. Medication.

All medication must be in a prescribed container with a physician prescription and specific time and dosage. A child who has started on antibiotics needs to be taking the prescribed dose for 48 hours and be well before returning to school. The only medication that we can administer is medication prescribed by your physician and in the original container, with instructions of how to administer. A medication slip needs to be filled out by the parent and the medication is to be stored in the front office. Please do not put medication in backpacks or lunch boxes.

XI Tuition.

International Montessori Academy, contracts qualified teachers holding approved Montessori diplomas. The tuition pays their salaries. In order for the school to meet its salary obligations, ***tuition must be paid on time***. School tuition is based on a school year from early September through mid-June. Yearly tuition may be paid in monthly installments toward the yearly amount. Monthly installments are due by the 1st<sup>th</sup> of the month and prior to attendance. For example, September’s installment is due on August 30<sup>th</sup>. Bi-monthly tuition is to be paid with the first installment due on the 1st of the month, and the second installment due by the 15<sup>th</sup> of the month. Although some months, such as December, have fewer school days, your installment payment remains the same. Remember, the tuition contract is based on a ten-month annual tuition period, not month to month. Summer tuition is charged separately. There are approximately 184 annual school days and normally ten weeks in the summer session.

\*\*\*\*\*



## **PAYMENT PLANS**

If you are paying in monthly installments, your tuition is due by the 1<sup>st</sup> day of the month. Payments made after the 6<sup>th</sup> of the month are subject to a 10% late fee. Payment, including the late fee, must be made prior to the 1<sup>st</sup> day of the next month. **Children are not allowed to attend school unless tuition is current.** All other program fees must be paid using a separate e-transfer ([inayat@intmontessori.com](mailto:inayat@intmontessori.com)), cheque or cash. Please make cheques are made out to IMAC.

## **LATE PAYMENT FEES**

Late payments are subject to a late fee in the amount of 10% of the monthly payment. Late payments may also result in your child being denied admission the following day until the account is paid in full, *including* the late charge. **A service charge of \$40.00 will be applied to any check returned by your bank regardless of the reason for the return.**

## **RETURNED CHECKS**

**All tuition must be paid before the student can attend school.** If your payment does not clear the bank, you will be required to make the original payment, a 10% late fee, and a \$40.00 bank service fee. After the second bounced check, all future payments must be made by cashier's cheque or cash.

## **PAYER**

The undersigned parents/guardians agree to be the responsible PAYERS of the account.

## **REFUNDS**

The undersigned understands and agrees that **THERE ARE NO REFUNDS.**

## **RATE CHANGES**

The School will issue a written notice at least thirty (30) calendar days prior to any base rate (tuition) change. Tuition increases usually occur in September prior to the beginning of the academic year.

## **WITHDRAWALS**

Must give a 30-day written notice to withdraw from the school. ***No adjustments are made to tuition when your child is absent, regardless of reason.***

## **SCHOOL'S RIGHT TO REQUEST WITHDRAWAL**

The School reserves the right to request the withdrawal of a child based on the following:

- a) Excessive delinquency in Tuition Payments (including Late Fee Penalties);
- b) If the school concludes that the child's specific and unique needs will not be met by the facility;
- c) If the child, or his or her parents/guardians, pose any threat to the safety and well-being of other children or Staff member(s);
- d) Undue uncooperativeness with school policies by parents/guardians.
- e) If a child poses a threat to the safety of other children/teachers) aggressive, physically abusive, continuous uncooperative behavior)

***If your child is told to leave the school, for any of the above reasons, no monies will be refunded.***



**SICK DAYS or VACATION DAYS**

Enrollment is for the entire year rather than for a day, week, or month; hence, refunds, adjustments, or credits will not be given for absences of any kind. If your child will be absent for a lengthy period of time, due to an overseas vacation for example, you are still responsible for the full monthly tuition installments in order to retain your child’s seat in the class. **The undersigned agrees to pay FULL TUITION for any child absences.** As school expenses are not diminished by a child’s absence, no allowances in tuition can be made for illness, holidays, or voluntary absences.

**COMPLAINT PROCEDURE**

Since we encourage parent participation and have an open-door policy, parents are welcome to voice any concerns or complaints to the Teacher. If the problem cannot be resolved at this level, parents may contact the Director, or may bring unresolved complaints directly to the Main Office. The undersigned may also voice a complaint regarding the school, orally or in writing to the Health Authority Community Care Licensing.

The Licensing Agency representative will have the right to interview children or staff and inspect the children’s or facility’s records without prior consent. The Agency shall have the authority to observe the physical conditions of the child (including possible signs of physical abuse or neglect) and to have a licensed medical professional examine the child if deemed necessary. The agency will inform the complainant of whatever course of action has been decided upon.

**ALL OF THE ABOVE POLICIES ARE STRICTLY ENFORCED.**

**I/WE HAVE READ AND UNDERSTOOD ALL OF THE ADMISSION POLICY AND CONTRACT and** agree to follow all of the policies and guidelines while my/our child is enrolled in the Christian Montessori Academy. I/We have read and signed the attached handbook.

The undersigned agrees to pay for the tuition in advance as follows:

FULL TIME \_\_\_\_\_/Month    ACADEMIC \_\_\_\_\_/Month    PART-TIME \_\_\_\_\_/Month

POTTY TRAINING \_\_\_\_\_/MONTH

REGISTRATION FEE \_\_\_\_\_    MATERIAL FEE \_\_\_\_\_

MONTHLY TUITION FEE \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_ RELATIONSHIP TO CHILD

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_ RELATIONSHIP TO CHILD

RECEIVED BY: (DIRECTOR) \_\_\_\_\_ DATE \_\_\_\_\_



**Preschool**

All persons responsible for tuition payment should read the provisions of this Enrollment Contract, sign, and return this contract accompanied by a **non-refundable** registration fee and material fee.

Student's Name: \_\_\_\_\_ Date to Enter: \_\_\_\_\_

By signing this Enrollment Contract, and submitting my registration and material fees, I understand I have entered into a binding Agreement and further understand my obligation to abide by all regulations and policies. I further agree to observe the schedule of fees for the school.

**All fees and sums paid are NON-REFUNDABLE.**

I accept the regulations and policies adopted by the School as stated in the Parent Handbook and as revised and updated from time to time. \_\_\_\_\_

I understand that the teacher's salaries and the School's overhead expenses do not diminish with the departure of students during the course of an academic year; therefore, all fees are non-refundable. \_\_\_\_\_

**Pre-school Students 30 months to 4 years:** Must give a 30-day written notice to withdraw from the school. However, after April 1<sup>st</sup> of the current year, parents are still responsible for the last three installments (April – June). No adjustments are made to tuition when your child is absent, regardless of reason. \_\_\_\_\_

I also understand that no portion of Tuition paid in advance or outstanding will be refunded or cancelled even in the event of absence, withdrawal or dismissal for the Student named in this Agreement. \_\_\_\_\_

I agree to pay the School's costs, expenses and fees incurred in enforcing this Agreement, subject to applicable law. A student whose tuition payments are not current will not be permitted to begin attending class until the amount past due is paid in full including any applicable late payment fees. \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



### **Disaster Preparedness Program**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I/We, the parent(s)/legal guardians of the above-named child, authorize Montessori Academy, to administer \_\_\_\_\_ PER DOSAGE REQUIREMENTS on the package in the event of an injury incurred only during a disaster. I/We have provided the above-mentioned medication.

I/We absolve Montessori Academy, of any liability should complications result from the administration of the above medication.

I/We authorize the following individual(s) to take the child from the School during/after a disaster:

IN PROVINCE

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

OUT-OF-PROVINCE

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

International Montessori Academy requires at least one out-of-province name and number.

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date \_\_\_\_\_



**EARTHQUAKE FOOD KIT**

International Montessori Academy has a disaster plan to maintain the safety and care of students and staff. The staff members maintain current first aid and C.P.R. training. The plan outlines roles, responsibilities, and procedures for students and staff and is for implementation at any time. The plan includes periodic evacuation drills and drop-and-cover drills.

At the time your child enters school you need to provide an Emergency Food Package to be kept at the school. The items must fit easily in a one-gallon zip lock bag that is clearly labeled with the child's name.

**CONTENTS OF THE EMERGENCY KIT**

1) One (1) FLIPTOP can of spaghetti, tuna, Vienna sausages, pork and beans, chili, or pudding,  
It is YOUR RESPONSIBILITY to keep this information current by notifying the school of any changes.

PLEASE DO NOT include any perishable food items, glass containers, cans which require can openers, or anything your child will not eat at room temperature.

I understand the above and do hereby agree to provide the above-mentioned items as requested on

2) One (1) can of juice or a SMALL plastic bottle of water. NO MIXED DRINKS, please they leak.

3) One or two (1-2) FLIPTOP cans of fruit or packages of fruit leather.

4) Plastic spoons individually wrapped wet wipes for hands and face.

5) A completed Emergency card on file in the school office, containing your home and Business addresses and phone numbers on or before date of enrollment

\_\_\_\_\_  
(CHILD'S NAME)

\_\_\_\_\_  
(SIGNATURE OF PARENT/GUARDIAN)







## *International Montessori Academy of Canada*

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### Photograph Consent Form

I/We \_\_\_\_\_ give International Montessori Academy, consent to photograph my/our child, \_\_\_\_\_. These photographs may be used on our website, [www.intmontessori.com](http://www.intmontessori.com), social media or on display at our school.

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date





*International Montessori Academy of Canada*

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I/ We hereby acknowledge that the International Montessori Academy, Parent Handbook has been received and it is the responsibility of the parent(s)/ guardian(s) to read and adhere to all policies stated within said handbook.

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Signature of parents(s) and legal guardians(s)

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Date