



New Horizon Montessori School

1415 Noons Creek Dr
Coquitlam, BC V3E 2T7
www.nhmontessori.com

Admission Form

Date: _____

Application is hereby made for admission

of _____ (child's name) as a student in New Horizon
Montessori School for the academic year _____ to _____ .

Program child will be enrolled in:

- Preschool A.M.
- Preschool P.M.
- Full-Day Program
- Extended Montessori
- Out of School Care
- Infant and Toddler

If child is attending less than 5 days per week, please indicate which days he/she will attend:

The following is information submitted as a part of this application:

Date of Birth: _____ Sex: _____

Home Address: _____

Telephone: () _____ Email Address: _____

Name of School if Previously Attended (if applicable):

Address of School: _____

Personal Information

Name of Parent or Guardian: _____

Work Place or Business: _____

Profession: _____

Work Place Address: _____

Telephone: () _____ Pgr. _____

Cellular Phone: () _____

Name of Parent or Guardian: _____

Work Place or Business: _____

Profession: _____

Work Place Address: _____

Telephone: () _____ Pgr. _____

Cellular Phone: () _____

Siblings:

Name: _____ Sex: _____ Age: _____

Name: _____ Sex: _____ Age: _____

Name: _____ Sex: _____ Age: _____

Name of English speaking person (if needed): _____

Telephone: () _____

Emergency Health Information

Doctor: _____

Full Street Address: _____

Telephone: () _____

Dentist: _____

Full Street Address: _____

Telephone: () _____

Emergency contacts if parents or guardians are unavailable in case of illness or late pick up:

Name: _____ Telephone: () _____

Name: _____ Telephone: () _____

Name: _____ Telephone: () _____

Care Card Number: _____

Consent for Emergency Care:

I authorize the staff at the child care centre to call a medical practitioner or ambulance in the case of accident or illness of my child(ren), if the parent cannot immediately be reached.

Signature of Parent/Guardian: _____ Date: _____

Manager of Facility: _____ Date: _____

Persons Authorized to Pick-Up Child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Persons Not Authorized to Pick-Up Child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Custody Agreement (please circle one): YES / NO

If yes, supply a copy of the custody order to the facility manager/licensee

Health Information

Regular medication(s) and reasons for (please list):

Allergies and treatment of (please list):

Injury(s), Illness(es) or Operations your child has had and include date(s):

Please describe any concerns/issues regarding your child's health (seizures, asthma, vision, hearing, etc.) _____

describe any specific care instructions regarding these issues (if applicable): _____

Please describe any concerns you may have regarding your child's development (behaviour, vision, hearing, speech, language, mobility, etc.) _____

Describe any specific care instructions regarding these issues (if applicable): _____

Any other professionals involved in your child's life (e.g. therapist, allergist, etc.):

Any other comments: _____

Signature of Parent or Guardian providing information:

Signed: _____

Print Name: _____ Date: _____

Declaration

I _____ (name of parent/guardian) understand that students are admitted for the full academic term and that my agreement is:

- I understand that payment for the full academic term is **not** subject to adjustment due to illness, absence, withdrawal or dismissal for any cause. If my child is unable to attend the centre, I agree to pay the full monthly fee and when due.
- I understand that upon completion of the interview with the Director that a deposit of \$200 is required to guarantee (hold) a space for my child in the desired program. This deposit is non-refundable up until my child's start day when it will then be held as a termination deposit and returned only when one month notice of withdrawal has been given. I also understand that a refund deposit cheque will only be issued to me one time and it is my responsibility to cash this cheque within 6 months.

- I understand that there is a non-refundable \$50 application and a \$50 registration fee payable to the centre.
- I agree to submit to the child care centre, upon acceptance for enrolment of my child at the centre, ten or twelve post-dated cheques for the current enrolment fee and dated for the first day of each successive month. The academic term for Preschool/Out of School/Extended Montessori programs is ten months. The academic term for Full Daycare is twelve months.
- I understand that the Out of School Care program fees do NOT include care on ProD days or during Spring Break. If I require care for my child/children on these days, I agree to pay the current daily or weekly drop-in rate.
- I understand that there is a \$250 yearly fee per family to cover the costs of the Specialty Programs (Kinder Canvas, Music, French, Kinderdance, etc.) provided at the centre.
- I understand that fees are subject to change. At least one month's notice will be given by the centre for changes in the fee schedule.
- I understand that tuition fees are due on the **first** of each month regardless of whether or not my child attends on that day and I agree to pay a \$20 late fee for payments made after the first of the month. If I have not paid the enrolment fee by the third working day of such month, I acknowledge that I may be asked to withdraw my child immediately at the direction of the Director.
- I understand that if my cheque fails to clear the bank I agree to immediately reimburse the centre for the full fee plus a \$20 service charge by way of certified cheque, money order or cash.
- I understand that if my subsidy authorization number is not available for billing on the first of the month that payment is required, I understand that I will be required to pay the full fee and be reimbursed when the subsidy is received by the centre.
- I understand that income tax receipts will be issued at the beginning of each year and/or upon withdrawal. A \$20 fee will be charged for replacement of lost/damaged receipts.
- I understand that if it becomes necessary to withdraw my child, I agree to give a minimum of **30** days prior written notice, no later than the 1st day of the month (e.g. if notice given Jan. 1st then withdrawal of child and cessation of fees effective Feb. 1st). If I fail to give such notice, I agree to pay one month's fee in lieu of notice. If such notice is given after **March 1st**, fees will not be refunded, as it is too late for the centre to fill that spot (Preschool & Out-of-School care).
- I understand that **June 1st** is the last day to withdraw my child/children from the Out of School Care program for the upcoming school year and be refunded my deposit.

- I understand that the centre closes at 6:00 p.m. Monday through Friday and a \$2 per minute late fee will be charged after this time. Any parent/guardian who is continually late may be asked to withdraw their child.
- I will not bring my child to the centre if he/she is ill (please refer to parent handbook for details regarding illness). If my child is absent, I agree to immediately notify the centre and advise the reason for the absence.
- I agree to inform the centre of the usual time and person who will pick up my child and personally inform the centre if there is any change of plans.
- I understand that the staff of the centre may check my child for fever, lice, rash, or arrange periodic examinations by public health personnel and in case of emergency call a qualified person, my family doctor or an ambulance if required.
- I give permission to the staff of New Horizon Montessori School to take photographs/video of my child and acknowledge that the photos/video may be used for advertising and web imaging purposes (please circle):

YES / NO

Initial: _____

- I give permission for my child to travel by school bus and/or walk for outings with New Horizon Montessori School. This also applies to students in the Before & After School Program who walk to and from Dorothy Peacock. I release the centre, their faculty and staff involved in such outings of any liability, loss or damage through personal injury or otherwise and claims arising from any accident or sickness to my son/daughter participating in the activity. I acknowledge that if I choose to not allow my child to participate in an outing, that I am responsible for arranging alternate child care on that day. By signing this form, I understand that my consent applies for all of the outings taken year round during the time my child is enrolled at the centre. All information for fieldtrips will be given in advance.
- I understand that additional Professional Development days are scheduled during the school year in order to promote the continuous professional growth of staff members. These school closure days are provided to give staff the opportunity to attend conferences, workshops and to take additional training that will further develop their skills which will in turn benefit the children in our care. I will be notified of these days well in advance.
- I understand that no medication can be administered by the staff of the centre, unless under a doctor's prescription. Non-prescription medication (such as aspirin, Tylenol, decongestant and other over the counter medications) must be accompanied by a doctor's note detailing the specific instructions with respect to the administration of such medication).
- I understand that my child must be **fully toilet trained (this does not apply to the Infant & Toddler program)** before acceptance into any program at the centre. In

order to ensure that all of the children at the centre are provided optimum care it is impossible for the staff to take on the responsibility of toilet training individual children.

- I acknowledge that all New Horizon Montessori programs, excluding the Out of School Care program, include 90 minutes of rest time after lunch which incorporates nap time as required by the Ministry of Education and is non-negotiable. The 90 minute window allows children to calm down, fall asleep or rest and slowly wake up on their own. There will be no individual adjustments to scheduled rest times.

- I acknowledge that if staff recognize that the person picking up a child appears to be incapable of providing care they will recommend calling an alternate person. If this is refused, the centre will consider it their responsibility to phone the Ministry for Children and Families.

- I understand that if a situation (e.g. behavioural issues) should arise where the best interests of my child and/or the centre are not being met it may become necessary for my child to be withdrawn. This will be at the sole discretion of the Director of New Horizon Montessori after consultation with the staff and the parents.

I have read the Declaration and understand my obligations as stated,

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

On behalf of New Horizon Montessori School:

Signature: _____ Date: _____