



This application is hereby made for admission of \_\_\_\_\_

(child's name) as a student of New Horizon Montessori School starting

\_\_\_\_\_ (MMM/DD/YYYY)

Program child will be enrolled in:

- Full Day Program
- A.M. Preschool
- P.M. Preschool
- Multi-Age Program
- Out of School Care Program

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

\_\_\_\_\_

Child's Date of Birth (MMM/DD/YYYY) : \_\_\_\_\_

Sex: \_\_\_\_\_

Name of School Previously Attended (if applicable):

\_\_\_\_\_

Home Address:

\_\_\_\_\_

Parent / Guardian Email Address: \_\_\_\_\_

Parent / Guardian Email Address: \_\_\_\_\_

Siblings:

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

**Parent /Guardian Information**

Name: \_\_\_\_\_

Work Place or Business: \_\_\_\_\_

Profession: \_\_\_\_\_

Work Place Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

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

Name: \_\_\_\_\_

Work Place or Business: \_\_\_\_\_

Profession: \_\_\_\_\_

Work Place Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

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

Name of English speaking person (if needed): \_\_\_\_\_

Telephone: \_\_\_\_\_

**Emergency Health Information**

Child's Care Card Number: \_\_\_\_\_

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: \_\_\_\_\_

**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: \_\_\_\_\_

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 plan (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: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Declaration**

I \_\_\_\_\_ (name of parent/guardian) & \_\_\_\_\_

(name of parent/guardian) understand that students are admitted under the following

stipulations:

\*Please initial beside each subsection

1. 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 when due.
2. I understand that upon completion of a facility viewing with the Director or Manager that a deposit of \$300 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.
  - A 30 day withdrawal notice must be written and signed by the parent/guardian and provided directly to our Manager or Director no later than 5:59pm on the 1<sup>st</sup> of the month. I also understand that a refund deposit cheque will only be issued one time and it the parent’s responsibility to cash this cheque within 6 months.
  - For our Out of School Care Program, March 1<sup>st</sup> is the last possible day that a withdrawal notice can be provided for the remainder of the academic term (September – June.) If notice is provided after March 1<sup>st</sup>, parents are still required

to pay April – June tuition fees in full, as it will be too late in the year to fill this space.

3. I understand that there is a non-refundable \$150 registration fee payable to the centre.
4. I agree to submit to the child care centre, upon acceptance for enrolment of my child at the centre, a minimum of four post-dated cheques for the current enrolment fee and dated for the first day of each successive month.
5. 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.
6. 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.
7. 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 or Manager.
8. 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, or cash.
9. 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.
10. 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.
11. 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.
12. 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 via phone call and advise the reason for the absence.
13. 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.
14. I understand that the staff 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.

15. 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 online such as on Instagram & Facebook platforms (please circle):

YES / NO      Signature: \_\_\_\_\_

16. I give permission for my child to travel by school bus and/or walk for outings with New Horizon Montessori School. 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 child(ren) participating in the activity. I acknowledge that if I choose not to allow my child(ren) 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.

17. I understand that no medication can be administered by the staff of the centre, unless under a doctor’s prescription.

18. I understand that my child(ren) must be **fully toilet trained** before acceptance into our Full Day Programs at New Horizon Montessori School. This also includes children ages 3+ attending our Multi-Age Program.

19. I acknowledge that all New Horizon Montessori *Full Day Programs* 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.

20. 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.

21. 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 discretion of the Director and/or Manager of New Horizon Montessori after consultation with the staff and the parents.

22. I understand that the Out of School Care Program’s monthly tuition fees do NOT include care on Professional Development (Pro-D) days or during extended district closures such as winter break, spring break, etc. If extra care is required for my child(ren) on these days, I agree to pay the additional fees associated with these extended care options.

I have read the declaration above and fully understand my obligations as stated,

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_



Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

On behalf of New Horizon Montessori School:

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Address:** 1415 Noons Creek Drive, Coquitlam

**Telephone:** 604-552-7542

**Email:** [contact@nhmontessori.com](mailto:contact@nhmontessori.com)

**Website:** [nhmontessori.com](http://nhmontessori.com)



[/NewHorizonMontessori](https://www.facebook.com/NewHorizonMontessori)



[@newhorizon.montessori](https://www.instagram.com/newhorizon.montessori)