



**Application for Admission
Toddler Program**

Cornwall Charlottetown Stratford

For office use only
Application Rec'd / /
Deposit Rec'd / /
Application fee \$100. Rec'd

Note: Please answer application to the best of your ability.
If you have any questions or concerns regarding this application, please contact an IMA representative.

Please Print

Student Name _____ Birth Date _____ F M
Surname Full given names Day/Month /Year
Prefer “ ”

Address _____
Home Phone _____

Applicant Lives With: Both Parents Mother Only Father Only Shared Custody Guardian

Emergency Name and Telephone Number
(If unable to reach parents)

Name _____
Telephone _____
Relationship _____

Father / Guardian

Name _____
Title _____
Email _____
Name of Firm _____
Business Address _____

Business Phone _____
Cell Phone _____
Nature of Business _____

Mother / Guardian

Name _____
Title _____
Email _____
Name of Firm _____
Business Address _____

Business Phone _____
Cell Phone _____
Nature of Business _____

I give permission for my home phone number and child's name to used on a class friends list
I give permission for my child's image (picture taken by IMA) for TV video production (in-house only)
I give permission for my child's image (pictures taken by IMA) to be used for advertising purposes and/or placed on our website

How did you hear about our IMA programs? _____

Medical Information

Health Card Number: _____
Doctor: _____
Address: _____
Phone: _____

Toilet Trained	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any physical restrictions and particulars of child's health that should be noted.		
Allergies _____		
Epipen Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Terms of Admission

1. Children are accepted into the Toddler Program beginning at age 22 months up to 3 years (depending on available space). Diapers and supplies are to be provided by parents.
2. IMA does not approve the use of Pull-up training pants. Toilet training efforts should be kept consistent at home to ensure success.
3. IMA reserves the right to accept or reject this application and also to request the withdrawal of any child if, in the opinion of the Head Directress, this action is deemed prudent.
4. IMA reserves the right to make such rules and regulations in the operation of the Academy, as it deems appropriate, and it is a condition of attendance that these rules and regulations be observed.
5. IMA Toddler Program operates 5 days per week. Please note that pick up time is no later than 11:45. Partial week (flex time) is available when two families share a full morning space. Call Administration for specifics and availability.
6. There is not after school for these programs and late pickup will billed at \$10.00 per hour, billed in increments of 15 minutes.
7. Please inform IMA of any changes to this Application for Admission or specifics pertaining to your child as soon as possible.
8. IMA depends upon prompt payment of fees for operating expenses. Should fees remain outstanding after the due date, IMA reserves the right to cancel enrollment and/or take action as deemed necessary to collect fees.
9. All parents are to read our "Parent Handbook" available at www.peislandmontessori.com to be familiar with our policies and procedures specific to our operation.
10. IMA requires all parents to treat the staff, children and other parents with respect and dignity at all times

I/We have read and understand the Terms of Admission.

Dated this _____ day of _____, 20 ____.

Signature of Father/Guardian

Signature of Mother/Guardian

Print Name of Father/Guardian

Print Name of Mother/Guardian

Attendance Options:	(8:30 to 11:45 am – firm pick up)
<input type="checkbox"/> Full week	- Commencing _____
	Day / Month / Year
<input type="checkbox"/> Flex time	- Commencing _____
(M-W-F <input type="checkbox"/> or T-T <input type="checkbox"/>)	Day / Month / Year
(limited space - confirm with administration on availability)	



CHILD PROFILE SHEET

Please PRINT with as much detail as possible and include a recent photograph of your child **-TO BE RETURNED WITH APPLICATION**

Name of Child _____ Every day Name _____

Birth Date / / F M Toilet Trained: Yes No
dd mm yr

Address _____

Phone Numbers: Mom _____ Dad _____ Emergency Name _____
 home _____ work _____ work _____ number _____
 cell _____ cell _____ cell _____

Allergies _____
(be very specific)

How would you describe your child's demeanor? _____

How would you describe your child's personality and learning style? _____

Home environment:

Names and DOB of siblings: _____

Care givers / Nannies: _____

School experiences: _____

Language(s) spoken/written at home: _____

Do you read to your child? _____

Typical family activities: _____

Religious affiliation: _____

(optional-for celebration purposes only)

Sleeping habits: _____

Special considerations (please give details): _____

Eating habits / dietary concerns: _____

People authorized to pick up your child: _____

 Mother / Guardian Signature
(Jul 19)

 Father / Guardian Signature