



Application for Admission
After School Program
 Cornwall Charlottetown Stratford

For office use only
Application Rec'd / / .
A/S Cost – see current fee schedule
B/S Cost Add \$25. per month
Application fee \$50. 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: _____

Any physical restrictions and particulars of child's health that should be noted.

Allergies _____

Epipen Required Yes No

Terms of Admission

1. Children that are accepted into the IMA After School Program must be considerate of others and understand that we have a zero tolerance rule for rudeness, roughness and/or any form of bad conduct.
2. Admission to the After School Program will be given to children who have passed through our Children's House Program or on an individual basis only consideration by IMA management.
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 at all times.
5. It is the parent's responsibility to keep the information on this form up-to-date. Please inform IMA of any changes to this Application for Admission or specifics pertaining to your child as soon as possible.
6. 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. Any and all fees are non-refundable and non-negotiable. Deposit will be applied to last month of tuition after 6 months of enrollment in our program.
7. Before school runs from 7:30 to 8:15, at which time the children are walked/bussed to their school (Charlottetown has no before school available). After School runs from 2:30 to 6:00 pm (5:30 at Charlottetown). The children will be met at their school by IMA staff and walked back to their IMA centre (or walk from bus to our centre). IMA After School Program follows English Language School Board (ELSB) closures, therefore, they close-we close. IMA will offer PD (Professional Development) Days to a limited amount of children for full-day care as long as the child is pre registered and we have enough interest as we need to keep child/staff ratios and may need to have additional staff on duty, this program is not available at the Charlottetown Campus.
8. 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.
9. 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:

- After School - Commencing _____ / _____ / _____
Day / Month / Year
- Before School - Commencing _____ / _____ / _____
Day / Month / Year

I would like my child's homework done during the after school program.

Please note we will provide a quiet environment, but parents are to check and make sure that it is done to your standards.

yes no

CHILD PROFILE SHEET

Please PRINT with as much detail as possible and include a recent photograph of your child

Name of Child _____

Birth Date / / F M
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? _____

Home work Time - To be done as part of after school program
- To be done at home

Home environment:

Names and DOB of siblings: _____

Special considerations (please give details): _____

Eating habits / dietary concerns: _____

People authorized to pick up your child: _____

Mother / Guardian Signature

Father / Guardian Signature

TO BE RETURNED WITH APPLICATION