



**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    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 be 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. Please inform IMA of any changes to this Application for Admission or specifics pertaining to your child as soon as possible.
7. 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.
8. All parents are to read our "Parent Handbook" available at [www.peislandmontessori.com](http://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: (8:30 to 11:45 am – firm pick up)

Full week - Commencing \_\_\_\_\_  
Day / Month / Year

Flex time - Commencing \_\_\_\_\_

(M-W-F  or T-T  ) 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