



Application for Admission
After School Enrichment Program
 Cornwall Charlottetown Stratford

For office use only
Application Rec'd ___/___/___
Enrich Cost see current fee schedule
B/S Cost \$25. per month
After 4:30 Cost \$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

Address _____
Home Phone _____

Grade : _____ Program _____

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 (pictures taken by IMA) to be used for advertising purposes and/or placed on our website

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 Elementary Enrichment must be respectful.
2. Due to the unique cycle of Montessori, consideration of admission to the Elementary Enrichment Program generally be given to children who have passed through our Montessori Program or on an individual basis only after an interview with IMA.
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. Application fee is non-refundable and ensures your child's place for the school year.
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 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.
10. **Please note that Enrichment classes are conducted Monday to Friday, 2:30 to 4:30**, if additional care is required before school or after 4:30, an additional fee will be charged for each additional requirement, contact the office for availability.

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 4:30 daily

Enrichment - Commencing _____ / _____ / _____
Day / Month / Year

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

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 _____
(Please be very specific)

How would you describe your child's demeanor? _____

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