

## **Application for Admission**

After School Program

 $\square$  Cornwall

 $\square$  Stratford

For office use only
Application Rec'd //
Application fee \$50. Rec'd

lease Print udent Name Surname Full given names			Birth Date		
		Prefer "			
lress ne Phone					
Applicant Lives With:		Parent 1 Only □	Parent 2 Only □	Shared Custody □	Guardian [
Emergency Name and Telepl If unable to reach parents)	none Number				
Name					
l'elephone					
Relationship					
				_	
Parent 1/ Guardia	<u>an</u>		<u>P</u>	Parent 2 / Guardian	
Nome			Name		
Name Fitle			Title		
Гitle Email			Email		
Name of Firm		·	Name of Firm		
Business Address			Business Add	ress	
			D Dl		
Business Phone			Business Phone Cell Phone		
Cell Phone			Cell Filolie _		
Nature of Business			Nature of Bus	iness	
Nature of Busiliess		•			
		<u> </u>			
ve permission for my home ph	one number ar	nd child's name	to used on a cl	ass friends list	
ve permission for my child's in					onlv)□
ve permission for my child's in					
	<i>O</i> (1	,		81 1	

## **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								
we have a zero tolerance rule for rudeness, rou 2. Admission to the After School Program will b management.	be given on an individual basis by consideration of IMA application and also to request the withdrawal of any child if, in							
4. IMA reserves the right to make such rules and	l regulations in the operation of the Academy, as it deems that these rules and regulations be observed at all times.							
	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 due date, IMA reserves the right to cancel enror Any and all fees are non-refundable and non-refundable.	or operating expenses. Should fees remain outstanding after the ollment and/or take action as deemed necessary to collect fees. negotiable. Deposit will be applied to last month of tuition after 6							
7. After School program runs from 2:30 to 6:00 p walked back to their IMA centre. IMA After closures, therefore, they close-we close. IMA	equires one month written notice to withdraw from the program. pm daily. The children will be met at their school by IMA staff and a School Program follows English Language School Board (ELSB) will offer PD (Professional Development) Days to a limited as the child is pre registered and we have enough interest as we need additional staff on duty.							
	'available at www.peislandmontessori.com to be familiar with our							
	dren and other parents with respect and dignity at all times.							
I/We have read and understand the Terms of Adm	nission.							
Dated thisday of,	20							
Signature of Parent 1/Guardian	Signature of Parent 2/Guardian							
Print Name of Parent 1/Guardian	Print Name of Parent 2/Guardian							
Attendance :	I would like my child's homework done during the after school program.							
☐ After School - Commencing / /  Day / Month / Year								
	□ 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	/ / mm yr			
			Emergency Name	
nome	Work	WOrK	number cell	
	Cen	cen	Cen	
Allergies				
<u> </u>	(be very specific)			
II		·		
How would yo	ou describe your child	s demeanor?		
Home work T	Time - To be done a	as part of after school p at home	orogram 🗆	
Home enviror	nment:			
Names and DC	)R of siblings:			
Traines and De	DD of stollings.		-	
Cracial consid	anations (plassa siva s	lotaila).		
Special consid	erations (piease give t			
Eating habits /	dietary concerns:			
	-			
D 1 4 1	1, 11	11.1		
People authori	zed to pick up your ch	11Id:		
		<del></del>		
Parent 1/ Guar	dian Signature		Parent 2/ Guardian Signature	