



Application for Admission
CASA (Children's House) Program
Cornwall EYC _____ Stratford EYC _____
3 & 4 year old program

For office use only
Application rec'd ___/___/___

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

Note: What date do you require care? _____
If space becomes available prior to this date you will be called.

Please Print

Student Name _____ Birth Date Month/Day/Year ____/____/____
Surname Full given names

Address: _____

Primary Contact Phone: _____

Applicant Lives With: Both Parents Parent 1 Only Parent 2 Only Shared Custody Guardian

<p>Parent 1/ Guardian</p> <p>Name: _____</p> <p>Email: _____</p> <p>Name of Firm: _____</p> <p>Business Address: _____</p> <p>Business Phone: _____</p> <p>Cell Phone: _____</p> <p>Nature of Business: _____</p>
--

<p>Parent 2/ Guardian</p> <p>Name: _____</p> <p>Email: _____</p> <p>Name of Firm: _____</p> <p>Business Address: _____</p> <p>Business Phone: _____</p> <p>Cell Phone: _____</p> <p>Nature of Business: _____</p>
--

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

Name _____
Phone Number _____
Relationship _____

Photos of children will be taken for documentation within our centre.

How did you hear about our IMA programs?

Do you require March Break care? Yes ___ No ___

Medical Information

<p>Health card number _____</p> <p>Doctor _____</p> <p>Address _____</p> <p>Phone number _____</p>	<p>Toilet trained? Yes___ No___</p> <p>Any physical conditions and particulars of the child's health that should be noted:</p> <p>_____</p> <p>Allergies: _____</p> <p>Epipen required? (please circle) Yes___ No___</p>
--	--

Terms of Admission

1. Due to the unique cycle of Montessori, consideration of admission to the Children's House will generally be given to children who have passed their third birthday, limited spaces for four year olds may be available.
2. Lunch and 2 snacks are provided each day. Meal plans are posted bi-weekly. If your child does not participate in this program or like the food provided, please provide their lunch. Please adhere to campus allergy alerts posted at each centre.
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 Director, 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. Please inform IMA of any changes to this Application for Admission or specifics pertaining to your child as soon as possible. EYC Yearly Family Information, Medical Emergency and Infant/Toddler/Casa Program and Policy Guideline forms must be completed each September.
6. Uniforms are to be worn on a daily basis (at least one piece) as they provide our children with a sense of community.
7. IMA depends on prompt payment of fees for operating expenses. Monthly fees are due the 1st of each month. When 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. Any questions can be addressed to Management.
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 Parent 1/Guardian

Print Name of Parent 1/Guardian

Signature of Parent 2/Guardian

Print Name of Parent 2/Guardian

Full week - Commencing:
\$10/Day day / month / year

Drop off: ____am Pick up: ____pm

*All new applications will be put into our wait list file. We will call you when/if we have space available. We will set up a tour and if you accept the space, we will follow through with the enrollment procedure.

CHILD PROFILE SHEET

Please print in as much detail as possible, and include a recent photograph of your child - TO BE SUBMITTED WITH APPLICATION

Name of Child _____ Every day Name _____

Birth Date ____ / ____ / ____
 mm dd year

Toilet Trained: Yes No

Address _____

Phone Numbers: Parent/Guardian 1: _____

Parent/Guardian 2: _____

Work: _____

Work: _____

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: _____

Caregivers / 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: _____

(use back if additional space is required)

Parent 1 / Guardian Signature _____ Parent 2 / Guardian Signature _____