

## **Application for Admission**

Infant Program

Cornwall EYC \_\_\_\_ Stratford EYC \_\_\_\_

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 \_\_\_\_/\_\_\_/ Full given names Address: Primary Contact Phone: Applicant Lives With: Both Parents □ Parent 1 Only □ Parent 2 Only □ Shared Custody □ Guardian □ Parent 1/ Guardian Parent 2/ Guardian Name: \_\_\_\_\_ Name: \_\_\_\_\_ Email: \_\_\_\_\_ Email: \_\_\_\_\_ Name of Firm: Name of Firm: Business Address: \_\_\_\_\_ Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Nature of Business: \_\_\_\_\_ Nature of Business: \_\_\_\_\_ **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**

Any physical conditions and particulars of the child's health that should be noted:    Address		1110W10W1 11110X 111W110W1
Allergies:  Epipen required? (please circle) Yes No  Terms of Admission  1. Children are accepted into the Infant Program beginning at age 12 months, up to 22 months (depending on available space).  2. Diapers, supplies and any special food requirements are to be provided by parents. Snacks (2) and lunches provided daily. Menus will be posted bi-weekly. If your child will not participate in the lunch program, please provide snacks and lunches as necessary. Please note campus allergies when sending your own food items.  3. IMA does not encourage the use of Pull-up training pants. Toilet training efforts should be kept consistent at home to ensure success. We are ready to support parents when they are ready.  4. 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.  5. 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.  6. IMA Infant Program operates 5 days per week. Please note that approximate drop of and pick up times are required to ensure proper staff scheduling. Drop-off time for infants is no earlier than 7:30 am and pick up time for infants is no later than 5:30 pm.  7. Please inform IMA of any changes to this application for admissions as soon as possible. New child forms required yearly commencing September. Forms required can be found on our website.  8. IMA depends on prompt payment of fees for operating expenses. Monthly fees are due the first of each month. A monthly fee schedule will be posted. 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.  9. All parents are to read our "Parent Handbook" available at <a href="https://www.peislandmontessori.com">www.peislandmontessori.com</a> to be familiar with our policies and procedures spe		
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Print Name of Parent 1/Guardian

Print Name of Parent 2/Guardian

Signature of Parent 2/Guardian

Signature of Parent 1/Guardian

Full week - Commencing: \$10/Day day / month / year	CHILD PROFILE SHEET
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	Please print in as much detail as possible, and include a recent photograph of your child - TO BE SUBMITTED WITH APPLICATION
the enrollment procedure.	
Name of Child	Every day Name
Birth Date/	Toilet Trained: Yes No
Address	
Phone Numbers: Parent/Guardian 1:	Parent/Guardian 2:
. Work:	Work:
Cell:Allergies (be very specific)	Cell:
How would you describe your child's demeanor?	
How would you describe your child's personality and	l 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?	
Religious affiliation:	
(optional-for celebration purposes only)	
People authorized to pick up your child:	
(use back if additional space is required)	
Parent 1 / Guardian Signature	Parent 2 / Guardian Signature