



**Application for Admission**

Infant Program

Cornwall EYC \_\_\_\_\_ Stratford EYC \_\_\_\_\_  
12-22 months

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

**Parent 1/ Guardian**

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Name of Firm: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_

**Parent 2/ Guardian**

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Name of Firm: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
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

<p>Health card number _____</p> <p>Doctor _____</p> <p>Address _____</p> <p>Phone number _____</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>
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### **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 are EYC Yearly Family Information Form, Emergency Medical and Program and Policy Guidelines. Other forms as 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 [www.peislandmontessori.com](http://www.peislandmontessori.com) to be familiar with our policies and procedures specific to our operation.
10. IMA requires all parents to treat the staff, children and other parents with respect and dignity at all times.
11. One month written notice is required to withdraw from the program.

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

