Application for Admission

After School Program

— ISLAND— Montessori — Academy —

 \Box Stratford

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

Guardian \Box

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

□ Cornwall

Please Print

Student Name	nt Name				
Surname		Full given names Prefer "		Day/Month /Year	
Address					
Home Phone					
Applicant Lives With:	Both Parents 🗆	Parent 1 Only □	Parent 2 Only	□ Shared Custody □	
Emergency Name and Teleph (If unable to reach parents)	one Number				
Name				_	

Telephone ______ Relationship ______

Parent 2 / Guardian	
Name	-
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 \Box I give permission for my child's image (picture taken by IMA) for TV video production (in-house only) \Box I give permission for my child's image (pictures taken by IMA) to be used for advertising purposes and/or placed on our website \Box

How did you hear about our IMA programs?_____

Medical Information

Health Card Number:	Any physical restrictions and particulars of child's health that should be noted.	
Doctor: Address:	Allergies Epipen Required Yes	
Phone:		

Terms of Admission

- 1. Children that are accepted into the IMA After School Program must be considerate of others and understand that we have a zero tolerance rule for rudeness, roughness and/or any form of bad conduct.
- 2. Admission to the After School Program will be given on an individual basis by consideration of IMA management.
- 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 at all times.
- 5. 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 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. Any and all fees are non-refundable and non-negotiable. Deposit will be applied to last month of tuition after 6 months of enrollment in our program. IMA requires one month written notice to withdraw from the program.
- 7. After School program runs from 2:30 to 6:00 pm daily. The children will be met at their school by IMA staff and walked back to their IMA centre . <u>IMA After School Program follows English Language School Board (ELSB)</u> <u>closures, therefore, they close-we close</u>. IMA will offer PD (Professional Development) Days to a limited amount of children for full-day care as long as the child is pre registered and we have enough interest as we need to keep child/staff ratios and may need to have additional staff on duty.
- 8. All parents are to read our "Parent Handbook" available at <u>www.peislandmontessori.com</u> 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.

I/We have read and understand the Terms of Admission.

Dated this	day of	, 20	
Signature of Parer	nt 1/Guardian		Signature of

Print Name of Parent 1/Guardian

Attendance :

□ After School - Commencing / / / Day / Month / Year Signature of Parent 2/Guardian

Print Name of Parent 2/Guardian

I would like my child's homework done during the after school program.			
Please note we will provide a quiet environment, but parents are to check and make sure that it is done to your standards.			
\Box yes \Box no			

CHILD PROFILE SHEET

Please PRINT with as	much detail as possible an	d include a recent photograph of your child	
Name of Child			
Birth Date / / dd mm yr Address			
Phone Numbers: Parent 1			
home work	work	number	
home work cell	cell	cell	
Allergies			
Allergies (be very specific)			
How would you describe your child'	s demeanor?		
			<u> </u>
Home work Time - To be done a	s part of after school	program	
- To be done a	-		
Home environment:			
Home chivit officient.			
Names and DOB of siblings:			
Special considerations (please give d	etails):		
Eating habits / dietary concerns:			
People authorized to pick up your ch	ild:		
Parent 1/ Guardian Signature		Parent 2/ Guardian Signature	
ТС) BE RETURNED V	WITH APPLICATION	
(Sept 22)			