



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

Cornwall Stratford

For office use only
 Application Rec'd / / .
 Deposit Rec'd / / .
 Application fee \$100. Rec'd
 date .

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

Please Print

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

Address _____
 Home Phone _____

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

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

Name _____
 Telephone _____
 Relationship _____

Parent 1 / Guardian

Name _____
 Title _____
 Email _____
 Name of Firm _____
 Business Address _____

 Business Phone _____
 Cell Phone _____
 Nature of Business _____

Parent 2 / Guardian

Name _____
 Title _____
 Email _____
 Name of Firm _____
 Business Address _____

 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

I give permission for my child's image (picture taken by IMA) for TV video production (in-house only)

I give permission for my child's image (pictures taken by IMA) to be used for advertising purposes and/or placed on our website

How did you hear about our IMA programs? _____

Medical Information

Health Card Number: _____
Doctor: _____
Address: _____

Phone: _____

Toilet Trained	Yes <input type="checkbox"/>	No
<input type="checkbox"/>		
Any physical restrictions and particulars of child's health that should be noted.		
Allergies	_____	

Terms of Admission

1. Children are accepted into Children's House at 3 years of age.
2. 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; please check with the office.
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.
5. Deposit will be applied to last month of tuition after 6 months of enrollment in our program.
6. Please inform IMA of any changes to this Application for Admission or specifics pertaining to your child as soon as possible.
7. Uniforms are to be worn on a daily basis (at least one piece) as this is our internal policy and they provide our children with a sense of community.
8. 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.
9. All parents are to read our "Parent Handbook" available at www.peislandmontessori.com to be familiar with our policies and procedures as well as our COVID-19 Operational Plan specific to our operation. Any questions can be addressed to Administration office.
10. 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

Signature of Parent 2/Guardian

Print Name of Parent 1/Guardian

Print Name of Parent 2/Guardian

CHILD PROFILE SHEET

Please PRINT with as much detail as possible and include a recent photograph of your child -TO BE RETURNED WITH APPLICATION

Name of Child _____ Everyday Name _____

Birth Date / /
dd mm yr

Toilet Trained: Yes No

Address _____

Phone Numbers: Parent 1 _____ Parent 2 _____ Emergency Name _____
home _____ 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: _____

Care givers / 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