



Application for Admission
Infant Program
Cornwall Stratford

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

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 _____ F M
Surname Full given names and prefer " " Day/Month/Year

Address _____
Home Phone _____

Applicant Lives With: Both Parents Parent 1 Only Parent 2 Only 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	_____	
Epipen Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Terms of Admission

1. Children are accepted into the Infant Program beginning at age 12 months up to 22 months (depending on available space). An ample supply of diapers and supplies are to be provided by parents.
2. 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.
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.
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.
7. 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-10 Operational Plan specific to our operation.
8. IMA requires all parents to treat the staff, children and other parents with respect and dignity at all times.
9. Drop-off time for infants is no earlier than 7:30am and pick up time for infants is no later than 5:30pm. IMA Infant program operates 5 days per week.

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

Will you require March Break care? Please circle: Yes or No



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 _____ Every day Name _____

Birth Date / / F M
dd mm yr

Address _____

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

Allergies: _____
(be very specific)

How would you describe your child's demeanor/personal habits (i.e. thumb-sucking, nail biting)? _____

How would you describe your child's personality and learning style? _____

Home environment:

Names and DOB of siblings: _____

Care givers / Nannies: _____

Care hours (i.e. what are the hours your child will be with us each day? Ex. 8:15am-3:00pm): _____

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 (nap time, sleep comfort items): _____

Special considerations (please give details): _____

Eating habits (i.e. does your child eat unaided or do they require assistance/dietary concerns/formula instructions and time(s): _____

People authorized to pick up your child: _____

Parent 1 / Guardian Signature

Parent 2 / Guardian Signature