



Trafalgar Ridge Montessori School

2021 - 2022 STUDENT ENROLMENT REGISTRATION FORM

Date of Registration: _____ Date of Admission: **Tuesday September 7, 2021** /Other _____

For school administrative purposes only.

Date of withdrawal from program: _____

Attended PS year 1 / PS year 2 / JK / SK / grade 1 / grade 2 / grade 3

STUDENT INFORMATION : Proof of student name, DOB & parent/guardian verified by TRMS administration _____ Staff signature

Birth Certificate # _____

Last Name _____ First Name _____ Date of Birth ____dd____mm____yy

Gender: Male Female _____ / OHIP # (optional) _____

Home Address _____ City _____ Postal Code _____

Sibling information: Name: _____ Gender: M F Age or grade: _____

Name: _____ Gender: M F Age or grade: _____

Name: _____ Gender: M F Age or grade: _____

PROGRAM – Mandatory 5 Full Days:

1- **LOWER Casa Program 2.5 (30 months) at entry** **Preschool**

2- **UPPER Casa Program** **JK** **SK**

3- **Lower Elementary** **Grade 1** **Grade 2** **Grade 3**

COVID-19 School day 8 AM to 4 PM. No extended hours.

Regular school day without Covid-19 restrictions : 8:45 AM to 3:30 PM.

(Arrive between 8:30 & 8:45 – Pick up between 3:30 – 3:45 PM)

Do you require extended hours? yes- Before school 7:30-8:30 A.M. / yes - After school 4 to 6 P.M.

FAMILY CONTACT INFORMATION -Parents /or Guardians :

Parent 1: Relationship to student Mother Father Other _____

Last name _____ First name _____

Cell number() _____ Email _____

Parent 1: Relationship to student Mother Father Other _____

Last name _____ First name _____

Cell number() _____ Email _____

Does the student reside with both parents? **YES** **NO** if NO please provide alternate address of parent or guardian :

If NO - List living and custody arrangements _____

Alternate Address for Last name _____ First name _____

Home Address _____ City _____ Postal Code _____

Business Address of one parent/guardian :

Last name _____ First name _____

Business Name : _____ Address: _____ City _____ Postal Code _____

MEDICAL & EMERGENCY INFORMATION

In case of a medical emergency does Trafalgar Ridge Montessori School have your permission to provide first aid treatment and obtain additional medical care for the student? Yes / No **Parent/Guardian's Initial** _____

If No please state reason and procedure to follow in the event of an emergency :

Doctor's full name : DR. _____ **Telephone #(** _____ **)** _____
Doctor's address _____ **City** _____ **Postal Code** _____

Does the student have a previous history of any communicable diseases? Yes/ No
Please specify _____

Does the student require any medication or suffer from any current health issue, illness or disease? Yes/ No
Please specify _____

Does the student have dietary restrictions or preferences no pork no beef Halal Kosher Vegetarian **Other** _____

Does the student suffer from any allergies or food intolerances? Yes/ No

Please specify _____

Is this a life threatening allergy which requires an Epi-pen for emergency situations? Yes/ No

If yes : I agree to provide TRMS with two Epi-pens and to arrange a time to meet with the School Administration to develop the student's Anaphylactic Personal Response Plan and to review with staff the use of the Epi-pen. **Parent/Guardian's Initial** _____

Date of training meeting _____

Training provided by _____ **School supervisor who received training** _____

My child is immunized and I have attached a copy of their **immunization record**, as required by the Halton Region Health Department.

My child is NOT immunized and I have attached a copy of the **Conscience Objection Form** for Immunization, as required by the Halton Region Health Department.

Copy provided and verified by TRMS administration _____ *Staff signature*

Emergency Contacts (other than parent/guardian).

These persons are authorized to pick up my child in the event of an emergency such as an unexpected school closure.

1-Name _____ Relationship to student _____

Cell or Work # _____

Contact #1 is also authorized to pick up my child at anytime from school? Yes/ No **Parent/Guardian's Initial** _____

2-Name _____ Relationship to student _____

Cell or Work # _____

Contact #2 is also authorized to pick up my child at anytime from school? Yes/ No **Parent/Guardian's Initial** _____

Other Information :

1-Has the student attended any of the following: play groups; daycare; preschool; other schools?

2-Does the student have any special needs that we need to be aware of? YES NO

If YES : Developmental Speech Behavioural Other _____

Additional comments: _____

3-Has the Student ever been referred for remedial support or assessment? Yes/ No

If YES : Developmental Pediatrician Speech Pathologist Occupational Therapist Behavioral Therapist

Additional comments: _____

Please provide a copy of relevant assessments/ reports.

4- Does the student speak English? Yes/ No

If no what is your child's first language? _____

5-What are your expectations for the program you have enrolled in? What specific things would you like to see your child accomplish while attending our program?

Social development _____

Academic development _____

6-Is there anything else you would like to tell us about your child (personality traits)?

7- All preschool students (Lower Casa class) must participate in the mandatory rest period. If they do not nap they are required to have quiet time on their designated cot. Would you like your child to sleep at this time ? Yes (nap time) / No (quiet time)

RELEASE OF INFORMATION for Elementary Aged Students (grades 1,2,3)

As required, I hereby authorize the release of all academic and medical information regarding the student noted above while in attendance in a previous school to Trafalgar Ridge Montessori and their agents as required.

Name of school previously attended _____ Phone # _____

Signature of Parent or Guardian _____

IN CONSIDERATION OF THE ACCEPTANCE OF THIS APPLICATION FOR ADMISSION AND OTHER GOOD AND VALUABLE CONSIDERATION, I AGREE TO PAY ALL SCHOOL FEES AND OTHER AMOUNTS WHEN DUE (Including Extended Care Fees, Extra Curricular Fees for Field Trips and special events, and Physical Education Fees).

I UNDERSTAND MY OBLIGATION TO PAY ALL TUITION FEES FOR THE FULL ACADEMIC YEAR, AND THAT NO PORTION OF SUCH FEES PAID OR OUTSTANDING WILL BE REFUNDED OR CANCELLED UNDER ANY CIRCUMSTANCES. I HAVE ATTACHED MY DEPOSIT AND UNDERSTAND THAT THIS FEE IS NON-REFUNDABLE AT ANY TIME WITH CANCELLATION.

Leave blank for TRMS Admin. Purposes ONLY			
Non-refundable DEPOSIT PAID	Amount	Transaction #	Date Received
	<input type="checkbox"/> \$1,000.00 – PAID by Cheque	Chq. #	____/____/2021
	<input type="checkbox"/> \$1,000.00 – PAID by E-transfer		____/____/2021
Registration reviewed & accepted by both parties : ____/____/2021 dd /mm/yyyy		Parent/Guardian :	TRMS Administration :

FURTHER, I HAVE READ THE SCHEDULE OF FEES, THE 2021-2022 PARENT'S HANDBOOK AND THE COVID-19 OPERATIONAL GUIDE V1.3 AND AGREE THAT THE RULES AND REGULATIONS CONTAINED THEREIN ARE TO BE INCORPORATED AS TERMS OF THE AGREEMENT ENTERED INTO HEREIN. TRAFALGAR RIDGE MONTESSORI SCHOOL RESERVES THE RIGHT TO SUSPEND OR EXPEL THE STUDENT IF (S) HE FAILS TO ADHERE TO THE BEHAVIOUR MANAGEMENT POLICY OF THE SCHOOL.

Participation Permission

With reference to the categories listed below I _____ *as parent or guardian of (student)* grant them **permission to participate** as follows **during the whole of their attendance at TRMS including Summer Camps and until they withdraw** from TRMS:

- permission for my child to participate in offsite field trips organized by the school. I understand that information relating to those field trips will be posted in the monthly newsletters emailed to parents.
- permission for my child to participate in occasional school nature walks in the neighborhood and to the local park.
- permission for my child to participate in the offsite physical education programs (applies to Upper Casa & Elementary students).
- permission for my child to participate in all onsite physical education and outdoor recess programs.

I DO NOT authorize my child to Participate in these activities and I understand that I am responsible to make alternative arrangements for my child's care during these activities. **Parent/Guardian's Initial** _____

I authorize (unless indicated & initialed otherwise below) TRMS as follows:

-To disclose my email along with my child's name, on a class list provided to other TRMS families **I do NOT** _____ initials

-To take photos of my child for the school yearbook **I do NOT** _____ initials

-To use these photos for school promotional materials (such as brochures, newspaper, TRMS website). **I do NOT** _____ initials

-To use these photos on the school's Social Media accounts (Facebook & Twitter). **I do NOT** _____ initials

-To post these photos on the school's communication apps "Himama / MS TEAMS" **I do NOT** _____ initials

I understand that all photos taken and posted by **TRMS are exclusive property of TRMS** and that as a user I am not authorized to use the photos of other students or group photos for any of my personal purposes. I am only authorized the exclusive use of photos of my own child. I also understand that Trafalgar Ridge Montessori School is not liable for the breach of use of these photos.

Signature of Parent(s) / Guardian(s) _____ Date : _____, 2021

This form is a confidential document and used for the sole purpose of school administration and student records.