



# First Academy Montessori School

131 John Button Blvd, Markham, Ontario L3R 9C2

Contact# 905-479-6904 ,905-305-1308

Email: [info@firstacademy.ca](mailto:info@firstacademy.ca) [website:www.firstacademy.ca](http://www.firstacademy.ca)

Dear Parents,

Thank you for enrolling in our program. **Please read and fill out each area of the registration package and return it a Week before starting date so all necessary paperwork and classroom preparations can be done before your child starts the program.**

Upon completion of the registration forms, we will email you a parent handbook. Please become familiar with this book as it contains important information about our policies and procedures.

**Should you have any questions, please do not hesitate to contact First Academy during school hours at: (905) 479-6904 or through email: info@firstacademy.ca**

The following items need to be received before your child starts in our program:

1. Completed Registration package
2. Photocopy of Health card & Immunization Record
3. Registration Fee( Non-Refundable)
4. Security deposit (one-month fee)
5. Monthly Fee+ Annual Fee
6. Post-dated cheques for the remainder of the program time

Please make cheques payable to **First Academy Montessori**

Thank you,

Sadaf Asim  
Supervisor



# First Academy Montessori School

## Registration Form

Application Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

<b>Class:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Child's Name:	Preferred Name:	
First	Last	
Date of Birth (D/M/Y):	Age:	
Home Address:	City:	Postal Code:
Health Card Number:	Expiry Date (DD/MM/YY):	
Previous Childcare provided by	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Private home care <input type="checkbox"/> Licenced Child Care	
Name of Parents or Guardians ( Mother ) :		
Address (if different from child):		
Contact Information: HOME:	WORK :	CELL:
Email address:		
Work address:	City:	Postal Code (X#X#X#):
Name of Parents or Guardians (Father):		
Address (if different from child):		
Contact Information: HOME:	WORK:	CELL:
Email address:		
Work address:	City:	Postal Code (X#X#X#):
<b>Medical Information:</b>		
Doctor's name:	Doctor's number:	
Doctor's Address:	City:	Postal Code (X#X#X#):
Does your child have allergies or dietary restrictions?		
<input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:		
Does your child require an epi-pen? <input type="checkbox"/> Yes, Please complete anaphylaxis forms <input type="checkbox"/> No		
<b>Persons other than the parents are allowed to pick up the child from school including in emergencies.</b> (In Case of an emergency our first priority is to call parents, if unavailable)		
<b>EMERGENCY CONTACTS:</b>		
1. Name:	Relationship to child:	
HOME TEL:	CELL TEL:	WORK TEL:
Address:		
2. Name:	Relationship to child:	
HOME TEL:	CELL TEL:	WORK TEL:
Address:		



# First Academy Montessori School

## A bit about your child:

Please tell us About your child: (Please check all that apply)

Is your child  Outgoing  Shy  Struggle with changes

Is Your child  Very active  Cooperative  Accepts limits  Difficult to deal with

Is your child  Highly sensitive to stimuli  Calm  Anxious

Does your child  Prefer to play alone  Play with other children  Play beside other children

Please describe your child's communication skills

Non-Verbal  Uses word  Uses phrases  Uses Sentences

### Self-Helping Skills

Dressing:  Self  Assisted Comments: \_\_\_\_\_

Toileting:  Self  Assisted  In Diapers  In pullups

Feeding:  Self  Assisted  Particular eater

Napping:  Does not Nap  Usually Naps Average length: \_\_\_\_\_

Self- Regulation:  Able to calm His/her self  Needs Help  Needs time

Comments: \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

Does your child have any fears?  Yes  No

If yes please describe: \_\_\_\_\_

Please let us know how you help your child to overcome his/her fears and anxieties

\_\_\_\_\_

1. Has your child ever attended a child care or community program? \_\_\_\_\_

2. What type of program was it? / Was a parent present with the child at the program?

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3. What activities does your child enjoy doing at home?

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4. Are there any siblings at home? \_\_\_\_\_ How many? \_\_\_\_\_

5. Does your child have a favorite toy? \_\_\_\_\_

6. Does your child experience any speech, vision, or hearing problems?

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7. Has your child ever been hospitalized? \_\_\_\_\_

8. How does your child defend themselves? \_\_\_\_\_

9. Does your child has food Sensitivities  Yes  No

If Yes Please list:

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Does your child have allergies (including to medication)  Yes  No

If Yes Please complete below

Allergy	EpiPen Required	Reaction
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If your child has Anaphylactic Allergies, please complete the Individualized Anaphylactic Action Plan Prior to the Start date (Ask Supervisor).

The form has to be filled and signed by your child's pediatrician at least a week prior to the start date.

Please let the administration know about all possible precautionary steps to avoid an allergic reaction.



# First Academy Montessori School

## Photo Consent Form

Our school likes to celebrate your child's work and achievements. As a result, images of your child and his/her work may appear on our website.

I, \_\_\_\_\_ (PRINT NAME) parent/guardian

of \_\_\_\_\_ (PRINT NAME)

hereby: grant permission to First Academy to take and use photographs and/or digital images of my child for use in **(Please check the corresponding options that you agree to)**

- Printed publications or materials, school website open gallery, Facebook page
- Electronic publications, such as school website (firstacademy.ca), and school's Parents Only Instagram
- Documentation within the classroom displays for the duration of his/her time in the school.
- I permit First Academy to post my child's pictures to firstacademy.ca to be shared and viewed only by parents. The pictures will be posted onto a private link, only accessible when a given password is entered. The pictures will be a way for parents to view and save pictures to record the growth of their children at First Academy.

CHILD'S NAME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

SIGNATURE : \_\_\_\_\_ Date: \_\_\_\_\_



# First Academy Montessori School

I permit First Academy staff to assist my child in using/applying sunscreen /Diaper Cream /Diaper wipes/ Hand sanitizer when needed for indoor, outdoor activities

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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I give consent to the staff to take my child for neighborhood outings. Outings may include walks through our neighborhood and the park (conservation area) located behind the school. A sign will be posted outside each class to inform parents of their child's whereabouts.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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I have received the electronic copy of a parent handbook, menu. I will familiarize myself with the school policies including registration and withdrawal, health and medication, and fee payment policy.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisors signature \_\_\_\_\_



# First Academy Montessori School

## Terms and Conditions

*The terms of this contract apply for the student enrolled at First Academy Montessori School (the "School").*

1. The conditions of this Contract protect our parents, as well as First Academy. To ensure that we can provide the services that your child(ren) is entitled to, parents must pay their fees on time to ensure the operation of First Academy remain financially stable.
2. Program fees and operating expenses cannot be reduced because of the child's absence from the program. In essence, this agreement is a parental guarantee that you will financially support through your fee the enrollment space guaranteed for your child.
3. A student will not be accepted into the School unless the entire registration form has been completed in full and signed. Full payment (post-dated cheques from September to June), OHIP number, or proof of health insurance, must accompany the enrolment form. New students must provide a copy of their Health Card and updated immunization document.
4. Parents and Guardians hereby acknowledge that the School is a nut/peanut-free environment. I/We understand that my child may inadvertently come into contact with a substance he or she may be allergic to and that such contact may cause an allergic reaction. I understand that there are certain risks of allergen contact that are inherent in a school setting.
5. There is no OUTSIDE food allowed on school premises due to severe Allergy conditions.
- 6. There are no refunds for withdrawals midway through the month, and no refunds for Vacations, holidays, sick days, or days missed for any reason, throughout the school year.**
7. The student's full name and class must be written on the back of each cheque.
8. A charge of \$25.00 will be levied against **all N.S.F. cheques** or cheques returned for any reason.
9. Students will not be allowed to attend the program unless payment has been made. The School reserves the right to expel a student immediately and take whatever action it deems necessary to collect such overdue accounts.
10. It is the parent's responsibility to dress and undress the child upon drop-off and pick-up.
11. There is a late pick-up charge which is applied at the rate of \$1.00 per minute after 6:0 p.m. or at any time that First Academy staff has to remain beyond established hours to care for a student due to a late pick-up.
12. The School reserves the right to make such rules and regulations in the operation of the School as it deems appropriate and it is a condition of acceptance that these rules and regulations be observed.
13. Withdrawal Procedure: The School requires a one-month written notice of a student's withdrawal, full fees are required if no notice is given.
14. I understand that if my child remains at First Academy past the scheduled pick-up time, I will be charged an applicable late fee. If the School is unable to reach the emergency contact persons or me, the Police will be contacted after one (1) hour.
15. That the Centre will be closed on all statutory, Civic holiday and the last Friday before Labour Day, as well as early closure on Christmas Eve and New Year's Eve, and that I will be charged normal daily fees for these days.
16. I understand that First Academy is a smoke-free premise; I will not smoke tobacco or hold lighted tobacco, or a pack of cigarettes that will be visible to the children. If terms are violated, I understand I will be asked to leave the premises.
17. Only pre-authorized persons designated on the Registration Form may pick-up my child(ren). I understand that I must inform Childcare of any changes regarding authorized Pick-Up and Release contacts.
18. I will observe all the parent's responsibilities under the policies and procedures outlined in the Parent Handbook.
19. I understand that the school reserves the right to make amendments to its Policies, Fee Schedule, and Program at any time and that I will be given notice of such changes at least two (2) weeks prior to the changes come into effect.
20. To avoid the spread of communicable disease / Viral Disease I will keep my child at home until all symptoms are gone and my child has gained his/her normal state of health.
21. If my child has Fever/ Diarrhea/ Vomit at school, my child will stay home until he/she gets better and fever-free for at least 24 hours before he/she can come back to school.

**I have read and understood the terms of the contract, the methods of payment, and the policies of the School as outlined in the *Parent Handbook* and I hereby agree to all the terms and conditions stated therein.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Supervisor**

**Date:** \_\_\_\_\_