EARLY ACHIEVERS
MONTESSORI SCHOOL + EDUCATIONAL CENTRE

Post-Dated Cheques __
PAD __ Credit Card __
Reg. fee paid _____
Start Date:_____
End Date:_____

Child's Name: _____Birth Date: _____/_____/_____ (yy/mm/dd)
Mailing Address: _____City/Town: _____
Postal Code: _____Phone: (H)_____(C)_____
MCP:_____ MCP Expiry: _____

Physician and/or Clinic

Clinic: _____ Physician: _____
Address:_____Telephone:_____

Father:_____	**Mother**:_____
Work Address:_____	Work Address:_____
Postal Code:_____	Postal Code:_____
Work Phone:_____	Work Phone:_____
Email:_____	Email:_____

Please indicate which email for correspondence: ☐ Father ☐ Mother ☐ Both
Current marital status of parents: ☐ Married ☐ Separated ☐ Other
Do both parents have permission to leave our school with the child? ☐ Yes ☐ No

Emergency Contact:

Name	Relationship to Child	Phone Number(s)

Alternate Contact/Pick Up

Name	Relationship to Child	Phone #'s	**Signature Required**

Programs:

☐ **Toddler Montessori** (18 months-3 years) ☐Sept. - Aug. ☐Sept. – June **Days**:☐M-F ☐ M/W/F ☐T/Th
☐ **Jr. Casa Montessori** (2.5 -4 years) ☐Sept. - Aug. ☐ Sept. – June **Days**:☐M-F ☐M/W/F ☐T/Th
☐ **Traditional Casa Montessori**(2.9 yrs. – 5.8 yrs) ☐ Sept.– Aug
☐**Traditional Casa Montessori**(3.9 yrs. – 5.8 yrs) ☐ Sept. – June **Days**: ☐M-F ☐M/W/F ☐T/Th
☐ **Junior + Senior Kindergarten** (Montessori) (Ages 3.9 yrs. - 5.9 yrs.) **Time**: 8:30-2:15 ☐ 8:30-5:15 ☐
Enrichment Classes: ☐ Math Pre-Abacus **(Year before Kindergarten)** **Day:** Friday **Time:** 2:30-3:10
☐ Little Pre-Readers**(Year before Kindergarten)** **Day:** Monday **Time:** 2:30-3:10

Parent Signature: _____ Date: _____

Questionnaire

Name of Child: _____ Birth Date _____/___/___ (yy/mm/dd)
Parent /Guardians _____ _____

☐ In case of emergency, I understand that treatment will be given by a qualified doctor or any person qualified to give emergency treatment, I release Early Achievers from any liability for injury that may arise or be occasioned thereof. I hereby grant permission for the teacher to take whatever steps may be necessary to obtain emergency care, including the use of an ambulance, any cost thereof to be borne by me.

1. Describe your child's general health, e.g. recurrent colds, ear infections, stomach aches, etc.

   _____
   _____
   _____
   _____

2. Does your child have any illnesses, conditions, or special needs that we should be aware of, e.g., asthma, diabetes? _____

   _____
   _____
   _____

3. Is your child taking any medication? Yes☐ No☐ If yes, which medication and what is it for?

   _____

4. Does your child have any food or other allergies? Yes☐ No☐ Epi-Pen ☐
   If yes, please describe: _____

   _____

   **Please indicate if allergies are Airborne (A), Ingested (I) or Touch (T)*

5. Is your child on a special diet? Yes☐ No ☐
   If yes, please describe: _____

   _____

Questionnaire

Name of Child: _____ Birth Date _____/___/___ (yy/mm/dd)
Parent /Guardians _____ _____

6. Describe any particular concerns you have about your child's diet and/or eating habits:

_____

_____

_____

7. Describe your child's sleeping/nap habits and routines (if applicable): _____

_____

_____

8. How far has your child progressed in toilet training? (if applicable) _____

_____

9. In order to provide your child with the best learning environment possible, it is necessary for us to be aware if your child has been/will be referred to a specialist for speech language, behavioural, social/emotional, or academic concerns? _____

_____

_____

10. Is English a second language for your child? Yes ☐ No ☐

11. Has your child had previous experience in group childcare? If so where? _____
Did your child experience any difficulties settling in or with routines? Please describe:_____

_____

12. Is there anything else we should be aware of to help make your child's day run smooth?

_____

_____

_____

***** All students must be immunized. Please attach a copy of your child's current Immunization Record as children cannot begin a program with us until a copy is provided.**

Enriching the Lives of Children