

Application for Admission

Student Information

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Male Female First Language _____

Address _____
(Street Name) *(Apartment Number)*

_____ *(City)* *(Province)* *(Postal Code)*

Family Information

Mother

Last Name _____

First Name _____

Address _____

Home Phone _____

Work Phone Ext _____

Cell Phone _____

Email _____

Father

Last Name _____

First Name _____

Address _____

Home Phone _____

Work Phone Ext _____

Cell Phone _____

Email _____

Sibling Information

Name _____ Male Female Date of Birth _____
(d/m/y)

Name _____ Male Female Date of Birth _____
(d/m/y)

Name _____ Male Female Date of Birth _____
(d/m/y)

Name _____ Male Female Date of Birth _____
(d/m/y)

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Medical Information

Doctor's Name _____ Phone _____

Allergies _____ Other _____

Health History _____

Immunization Record Given Yes No

Is there any reason to be exempt from Immunization? Yes No

If "Yes", then an exemption form must be completed and attached.

Special Conditions: _____

Emergency Contact #1 (other than parent)

Name _____

Relationship _____

Home Phone _____

Work Phone _____

Cell Phone _____

Emergency Contact #2 (other than parent)

Name _____

Relationship _____

Home Phone _____

Work Phone _____

Cell Phone: _____

Drop off/Pick up Information (Please indicate other than parents)

Name _____

Relationship _____

Phone _____

Cell Phone _____

Name _____

Relationship _____

Phone _____

Cell Phone _____

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Program Requested

Infant Program Part Time Full Time Schedule 'A' or Schedule 'B'

**Please note that the part time option for the Infant Program is not always available*

Toddler Program Part Time Full Time Schedule 'A' or Schedule 'B'

Casa Program Part Time Full Time Schedule 'A' or Schedule 'B'

Before & After Care Regular Package Extra Package

Start Date Requested _____

Authorization

- I hereby grant permission for the Program Staff of the Child Care Program to take whatever steps necessary to obtain emergency medical attention in the event that I (parent/legal guardian) cannot be reached. It is also understood that I (parent/legal guardian) shall assume responsibility for any cost incurred.
- I hereby grant permission for my child to leave the licensed premises under the supervision of a staff member for field trips, community walks, etc. I understand that dated, time-limited specific forms will be issued for each field trip.
- I hereby grant permission for my child to use the play equipment and participate in all of the activities of their program at Madison Montessori Academy.

Signatures

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____