

APPLICATION FORM YEAR 2016-2017
ATELIERS MONTESSORI KINGSTON INC PROGRAM

First child's last name: _____ **First name:** _____

Birth date: _____

Parent's (or Legal Guardian's) full name: _____

Address: _____ **Postal code:** _____

Cell phone: _____ **Home phone:** _____ **Work phone:** _____

E-mail : _____ @ _____

Profession: _____

Parent's (or Legal Guardian's) full name: _____

Address: _____ **Postal code:** _____

Cell phone: _____ **Home phone:** _____ **Work phone:** _____

E-mail : _____ @ _____

Profession: _____

Name of the person to be called if a parent (or legal guardian) cannot be reached:

1 _____

Relationship to child: _____

Address: _____ **Phone:** _____

2 _____

Relationship to child: _____

Address: _____ **Phone:** _____

Date: _____

Signature of parent or guardian: _____

MEDICAL FORM 2016-2017

IDENTIFICATION

Last name: _____

First name: _____

HEALTH INFORMATION

Physician's name: _____ Address: _____

Phone: _____

OTHER

Previous communicable diseases: _____

Previous illness or injury: _____

Special medical information or allergies: _____

Medication administered regularly: _____

Special diet: _____

Please comment on your child's development giving information that would be useful in providing care (e.g. habits, fears, favourite activities, routines, etc.)

In case of an accident or illness, the personnel of the *Ateliers Montessori Kingston Inc* will administer first aid, ensuring that the child receives the emergency care required and that the parents (or legal guardians) are notified as soon as possible.

Any transportation fees, in the case of emergencies, will be charged to the parents or guardian.

I, parent or guardian, _____ authorize, *Ateliers Montessori Kingston Inc* to share this information if required for medical reasons to the people concerned.

YES NO

Please attach a copy of your child's record of immunization or immunization exemptions.

Date: _____

Signature of parent or guardian: _____

AUTHORIZATION FOR PERSONS WHO MAY PICK UP YOUR CHILD

I _____ authorize, the following people to pick up
my child/children _____ after ATELIERS MONTESSORI KINGSTON
INC.

1 _____ 3 _____
2 _____ 4 _____

AUTHORIZATION FOR PHOTOGRAPHS

I _____ authorize *Ateliers Montessori Kingston Inc* to photograph my child
_____ to be used in promotional activities.

YES NO

AUTHORIZATION FOR INCLUSION ON CLASS LIST

I _____ agree to share my name, phone number and e-mail address to other parents for
inclusion on the circulated class list.

YES NO

AUTHORIZATION FOR TAKING WALKS

I _____ authorize *Ateliers Montessori Kingston Inc* to take my child _____
for walks.

YES NO

AUTHORIZATION FOR THE USE OF SUNSCREEN

I _____ authorize *Ateliers Montessori Kingston Inc* to apply sunscreen on my
child/children _____ if needed.

YES NO

Date: _____

Signature of parent or guardian: _____

TUITION AND FEES

Snacks are included in the tuition fees below.

The Program offered by *Ateliers Montessori Kingston Inc* begins on August 30th, 2016 and ends June 29th, 2017.

Choose one	Number of days per week	Estimated Monthly Tuition
<input type="checkbox"/>	3	\$229
<input type="checkbox"/>	4	\$306
<input type="checkbox"/>	5	\$368

Child tuition

Please include a non-refundable deposit cheque of \$100, with the current date as a down payment, with your enrollment forms and include the remaining post-dated cheques and immunization record.

Monthly payments: 10 post-dated cheques (The first month's cheque dated August 30th, 2016 with the remaining 9 dated from Oct. 1, 2016 to June. 1, 2017).

One-time payment: if paying in full please date your cheque for August 1st, 2016.

Date: _____

Signature of parent or guardian: _____

Date of admission: _____ **20**__ **Date of withdrawal:** _____ **20**__

Contract for the year 2016-2017

Between: *Ateliers Montessori Kingston Inc*

Kingston, Ontario Canada

And: _____

Parents' (or Legal Guardians') names

Child's name

Accordingly the terms are as follows:

a. ATELIERS MONTESSORI KINGSTON INC's obligations:

The private *Ateliers Montessori Kingston Inc* is a francophone environment. The ATELIERS MONTESSORI KINGSTON INC engages to provide your child/children with a program that conforms to the method and the philosophy of Maria Montessori.

b. Parent's obligations:

Parents agree to pay *Ateliers Montessori Kingston Inc* all fees mentioned in this contract for educational services offered to your child/children.

c. Respect for our regulations:

Parents must read and respect the rules and the policies of the establishment.

Please pay special attention to the ATELIERS MONTESSORI KINGSTON INC year calendar as well as to the sections dealing with Meals & Snacks, Health & Absenteeism, and Birthdays.

d. Parent contract:

Parents acknowledge they have received a copy of this contract by receiving services from our establishment.

e. Program's length:

The program offered by the ATELIERS MONTESSORI KINGSTON INC starts August 30th, 2016 and ends June 29th, 2017.

f. Language of instruction:

The languages of instruction are French and occasionally English.

g. Withdrawal

1) If the parent decides to withdraw their child/children for any reason, 30 days written notice is required and the remaining cheques will be returned.

2) If the withdrawal of the child is requested by the ATELIERS MONTESSORI KINGSTON INC administration, any unused tuition fee will be returned.

Financial responsibilities:

a. Administration and registration fee:

The registration of the child/children is considered valid when the **non-refundable** deposit of \$100/child has been paid and the contract has been signed and returned to the ATELIERS MONTESSORI KINGSTON INC.

b. Regarding your cheques:

Please enclose your cheques with a copies of the signed contract.

Please write your child's/children's name(s) on the front of all cheques.

A supplementary charge of \$40 will be added for all cheques that are returned marked Non-Sufficient Funds.

We have read the terms and condition of this application and we agree to be bound by them.

The parties have signed this present contract in Kingston, this _____.

Parent's name (or Legal Guardian's): _____

Parent's (or Legal Guardian's) signature: _____

Please note: This contract must be signed and returned to the ATELIERS MONTESSORI KINGSTON INC with post-dated cheques to *Ateliers Montessori Kingston Inc.* Keep the second copy for your records.

Ateliers Montessori Kingston Inc _____

Principal's Signature