



**Talent Montessori School**

✪ 69 McLeod Dr, Aurora, ON L4G 5C1  
✪ 42 Prospect St, Newmarket, ON, L3Y 3S9  
Tel. /Fax: 905 503 8080  
Email: [info@talentmontessori.com](mailto:info@talentmontessori.com)  
Website: [www.talentmontessori.com](http://www.talentmontessori.com)

**Application Form & Health History - Aurora Location**

**Child's Surname:** \_\_\_\_\_ **Child's First Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Gender:** M F

**Child's Address:** \_\_\_\_\_

**Citizenship:** \_\_\_\_\_ **Languages Spoken:** \_\_\_\_\_

**Program:** Toddler Casa

Full Days  
7am – 6 pm

**Days per week:** Mon Tue Wed Thu Fri

**Is your child a returning student?** Yes No **If yes, name of current teacher:** \_\_\_\_\_

**Child resides with:** Both Parents Mother Father Guardian

**Mother or Guardian**

**Father or Guardian**

**Name:** \_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_

\_\_\_\_\_

**Business Phone:** \_\_\_\_\_

\_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

\_\_\_\_\_

**Email:** \_\_\_\_\_

\_\_\_\_\_

**Occupation:** \_\_\_\_\_

\_\_\_\_\_

**Employer:** \_\_\_\_\_

\_\_\_\_\_

**Employer's Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Marital Status:** Married Separated Divorced Widowed

**Legal Guardian Information (if applicable)**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Business Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_

Are there special arrangements regarding visitation etc? If yes, please provide pertinent details:

\_\_\_\_\_

**Child's Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Does your child have?

1. A condition or behaviour that would require special attention, medication or a special diet?  
\_\_\_\_\_
2. Allergies (food, medication etc.)? \_\_\_\_\_
3. Please specify symptoms of allergic reaction and any special care needed \_\_\_\_\_  
\_\_\_\_\_
4. History of communicable diseases  
\_\_\_\_\_

**Emergency contacts** if parents cannot be reached:

By naming the following as emergency contacts, they are granted permission for your child to be released to them in case of emergency.

- |                              |                              |
|------------------------------|------------------------------|
| 1. Name: _____               | 2. Name _____                |
| Address: _____               | Address: _____               |
| Phone: _____                 | Phone: _____                 |
| Relationship to child: _____ | Relationship to child: _____ |

**Person(s) other than parents authorized to pick up child from school.**

1. \_\_\_\_\_
2. \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

### **Immunization Record**

The student's current immunization information is compulsory. Please attach a photocopy of the student's most recent immunization record. If parents have religious or philosophical reasons for not immunizing their child, they must submit their objection, in writing, to the school. Similarly, a written explanation is required from the family physician if there is a medical reason for not immunizing the child.

### **Medical Waiver**

I, \_\_\_\_\_, the parent of \_\_\_\_\_ understand that in the event of an accident or illness occurring to my child, the School will make every attempt to contact me and/or my spouse. If however, I or my spouse cannot be reached, I hereby give Talent Montessori Schools Inc., its Directors, Officers, Agents and employees authority to act on my behalf in case of an emergency and to take appropriate steps to have a doctor attend to my child.

I also agree to release and indemnify Talent Montessori Schools Inc., its Directors, Officers, agents and employees from any and all claims for damages arising from any injury or otherwise related actions to my child as a result of any accident, illness, injury or for any other reason arising from participation in any school activities.

### **Permission to go on outings**

I, \_\_\_\_\_, the parent of \_\_\_\_\_ give permission for my son/daughter to take part in any out-of-school events during the school year. I will be notified again in writing before any particular visit or trip.

### **Photography Waiver**

I, \_\_\_\_\_, the parent of \_\_\_\_\_ authorize my child's photograph to be used in school activities, school purposes, future publication, including e-mail distribution, website, social media, specifically associated with Talent Montessori School.

### **CREAMS (NON-PRESCRIPTION i.e., Sunscreen, Diaper Rash Cream, etc.)**

I, \_\_\_\_\_, the parent of \_\_\_\_\_ hereby give consent to allow staff to apply any products I provide the centre to my child as needed.

### **Consent to Disclose Personal Information in regard to CWELCC Program**

I, \_\_\_\_\_, the parent of \_\_\_\_\_ hereby give my consent to allow the disclosure of personal information to authorized parties.

### **Terms and Conditions for Admission**

1. All new applicants must pay a \$200.00 registration fee which is non-refundable. (This is a onetime fee)
2. The first and last month's fees are due at the time of registration or re-enrolment. This fee is non-refundable. (This will pay the last month tuition ONLY)
3. A charge of \$50.00 will be levied against all cheques returned for any reason.
4. Placement cannot be confirmed prior to receipt of all required documentation.
5. The tuition is based on an annual fee. Placement cannot be confirmed prior to receipt of all post dated cheques.
6. The school requires one month's written notice of withdrawal to waive payment for the following term.
7. No refunds will be considered for a student who is leaving school in mid-term at the request of the parent, or in the event the family is relocated. No refunds are considered for absences due to illness, holidays, vacation or days missed for any other reason throughout the year.
8. In the event Talent Montessori requests the withdrawal of the child a refund will be given in proportion to the part of the academic year involved.
9. Talent Montessori reserves the right to cancel enrolment if fees are unpaid.
10. A child is considered accepted into the School only upon written confirmation from the School.
11. All post-dated cheques must be dated the first (1st) of each payable month. (10 Post-dated cheques)
12. The child's full name must be written on the front of each cheque.
13. The safety of all children is our primary concern. The provision of our service is conditional on both your child's behaviour and your treatment of the School and its staff. Behaviour that poses a safety hazard for the other children or the staff will not be accepted and could result in immediate withdrawal of service.
14. There is a late pick-up charge which is applied at the rate of \$1.00 per minute after 6:00 pm or at any time that a teacher has to remain beyond established hours to care for a child due to a tardy parent. This policy is designed as deterrent, and abuse of the policy will be considered a violation of the parent contact.
15. Transportation to and from the School is the responsibility of the parents/guardians.
16. A fee will be applied to lost or damaged books or any other items.

I have read the terms of enrolment for Talent Montessori and I am in full agreement with the same.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_ Date: \_\_\_\_\_