



Stirling Montessori Academy

123 Main Street East, Milton, ON L9T 1N4 ~ 905-864-6000 ~ info@stirlingmontessori.com

APPLICATION FOR ENROLLMENT

STUDENT INFORMATION

Student: _____

Date of Admittance _____

Date of Discharge: _____

Address: _____ City _____

Province: _____ Country: _____ Postal Code: _____

Birth Date: (day) _____ (month) _____ (year) _____ Male _____ Female _____

PROGRAM

<input type="checkbox"/>	Half Day Casa Morning	<input type="checkbox"/>	Half Day Casa Afternoon	<input type="checkbox"/>	Full Day Casa
<input type="checkbox"/>	Before School Program	<input type="checkbox"/>	After School Program	<input type="checkbox"/>	Lunch Program

PARENT/GUARDIAN INFORMATION

Name: _____ Name: _____

Address: _____ Address: _____

Home No: _____ Home No: _____

Bus. No: _____ Bus. No: _____

Bus. Address: _____ Bus. Address: _____

Cell. No: _____ Cell. No: _____

E-mail: _____ E-mail: _____

MEDICAL INFORMATION

Please comment on child's overall health: _____

Does your child have any conditions requiring medical attention? _____ If so, please list:



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If your child is not able to participate in certain athletic and/or school activities, please outline:

Has your child ever had his/her eyes tested? Yes/No Result: _____

Has your child ever had his/her hearing tested? Yes/No Result: _____

Does your child have food allergies? Yes/No If yes, please list foods: _____

Are your child's allergies severe enough that he/she is considered anaphylactic? Yes/No

Please list your child's history of Communicable Diseases (i.e. mumps, measles, chickenpox)

Does your child need to keep any medication at school for any medical condition? _____

Are there any special requirements for your child pertaining to diet? rest? or exercise?

Has your child been vaccinated? Yes/No Please attach vaccination records or exemption form.

Name of Physician: _____ Phone #: _____

Address: _____

Please provide the name and number of an **emergency contact**, when parents cannot be reached:

Name: _____ Relationship: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Parent Consent:

In case of an emergency resulting from an accident or illness where prompt medical attention is deemed necessary, and the parents cannot be immediately contacted, permission is hereby given to take the above mentioned child to the nearest medical facility and to proceed with medical treatment. I understand that any medical expenses incurred for such treatment are my responsibility.

Dated: _____ Signature of parent or guardian: _____

Parents are responsible for advising the school office of any changes to the above information during the school year.



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ENROLLMENT AGREEMENT

1. I/We will support and reinforce any and all rules, regulations and policies put in place by Stirling Montessori Academy, as outlined in the Parent Handbook.
2. I/We understand that all deposits are non-refundable, as their purpose is to confirm our child's position in Stirling Montessori Academy for the full academic year.
3. In order to confirm a placement for our child, all required documentation and all required tuition fees must be completed and submitted to the school office.
4. I/We agree that my/our obligation to pay the full year's tuition fee is unconditional.
5. I/We understand our payment plan for the school year.
6. Extended day program fees are not included in annual tuition fees. Please refer to before and after school fees.
7. I/We have completed and submitted the enrollment application.
8. I/We understand that Stirling Montessori Academy reserves the right to dismiss a student where the continued attendance of that student would not be in the best interest of the student or the school.
9. I/We understand that this document is to be considered as an application for registration unless and until acceptance is confirmed by a written confirmation letter, as well as, a receipt of a deposit and payments.
10. I/We have read the terms of enrollment for Stirling Montessori Academy on the **APPLICATION FOR ENROLLMENT** form and agree to the same.

Date: _____

Parent Signature:

Parent Signature:

PLEASE ENSURE THE FOLLOWING ITEMS HAVE BEEN INCLUDED WITH YOUR APPLICATION:

- Copy of Immunization Record
- Copy of Birth Certificate
- Recent Photograph
- Deposit



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AUTHORIZATION FOR PROMOTIONAL USE OF STUDENT PHOTOS, WORK, ACTIVITIES

During the school year Stirling Montessori Academy may publicize school events and activities. Your child may be involved in a school activity where photographs or video are taken to use in school promotions, school website materials, or media coverage. These events include:

- displaying student work through activities such as art projects, bulletin board displays and school newsletters;
- video of classroom activities, concerts and special events;
- photographing students at school trips and/or assemblies for media publications advertising the school;
- use of photographs for school website;
- using photographs, names and anecdotes in school displays and publications;
- posting lists of names only inside the school for staff and parents;
- other publicity initiatives as may be required for school/system promotion.

Please note: These materials will not be used in any commercial fashion. Should the parents' circumstances change during the school year, or should parents wish to revoke their consent, *a written statement revoking consent must be provided to the school.*

Please indicate which option you choose for your child.

- I have read the information above, and provide permission for my child to be included in promotional materials for school as determined appropriate by the school.
- I **do not** wish to have my child included in promotional materials for the school.

Name of Student: _____

Parent Signature: _____ Date: _____



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ADDITIONAL PROGRAMS

- | | | |
|---|--|---|
| <input type="checkbox"/> Before School Program
7:30 – 8:45a.m. | <input type="checkbox"/> After School Program
3:30 – 5:30p.m. | <input type="checkbox"/> Lunch Program
11:30 – 12:30p.m. |
|---|--|---|

Before and After School Program Notes

It is important that alternative contacts be listed. In the event you may be delayed beyond 5:30 p.m., you must make arrangements for one of your “emergency contacts” to pick up your child. Enrollment in our After School Program will be cancelled if delays past 5:30 p.m. are repeated.

I/We have read the program outline of the After School Program and fully understand the commitment to arrive before 5:30 p.m. each evening. The required payment for this extra programming has been added to the annual tuition payments submitted with my application.

Child's Name

Parent's Name

Contact Telephone Number

Date

Parent's Signature

Emergency Contact Name and Number



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