**APPLICATION FOR ADMISSIONS -Infant**

**Start date: m/\_\_\_\_\_\_\_\_\_\_\_ d/\_\_\_\_\_\_\_\_\_\_\_\_\_yr\_\_\_\_\_\_\_\_\_\_\_\_**

**Infant Program: 2 Full Days 3 Full Days 5 Full Days**

 **(3 months-18 months) (Tue & Th) (Mon/Wed/Fri)**

**CHILD’S INFORMATION**

|  |  |
| --- | --- |
| Child’s Last Name |  |
| Child’s Given Names(underline name used) |  |
| Date of Birth  | Month Day Year |
| Gender  | Male Female  |
| Home Address |  |
| City Postal Code |
| Home Telephone Number |  |
| Name of Last School Attended |  |
| Languages Spoken at Home |  |

**FAMILY INFORMATION**

|  |  |  |
| --- | --- | --- |
|  | **Mother/Guardian** | **Father/Guardian** |
| Title (Circle one) | Mrs. Ms. Dr. Other: | Mr. Dr. Other: |
| Last Name |  |  |
| First Name |  |  |
| Address (if different from child) |  |  |
| Employer Name and AddressWork Telephone Number |  |  |
|  |  |
|  |  |
| Home Telephone Number  |  |  |
| Cell Telephone Number |  |  |
| Email Address |  |  |
| Marital Status | Married Divorced Separated Person with custodial rights:\_\_\_\_\_\_\_\_\_\_\_\_ Custody papers available |
| Applicant lives with | Both Parents Mother Father Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Correspondence to be sent to | Parents Mother only Father only Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Siblings Name(s) | Age(s) | Gender |
|  |  |  |

**MEDICAL INFORMATION**

|  |  |
| --- | --- |
| Child’s Health Card Number |  |
| Name of Child’s Physician |  |
| Physician’s Telephone Number |  |
| Physician’s Address |  |
| Immunization is Attached | Yes No Reasons, if no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| List Child’s Allergies |  |
| Does your child have any special dietary requirements? |  |
| Does your child have any special physical, cognitive/ social or emotional needs? |  |

**Communicable Diseases History Form**

As required by the childcare and early years Act, 2014, Rocking Horse Nursery and Montessori must collect a history of any communicable diseases for children registered at our Centre.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Parent/Guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that he/she has had the following communicable disease:

 None  Measles  Chicken Pox  Mumps

 Meningitis  Hepatitis  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Emergency and child Pick-up Information**

|  |
| --- |
| Name of contact person in the event of an **emergency other than parents**: \*Please note the initial contact will be made to the child’s parents. |
| Name | Telephone | Relationship |
| Other people allowed to **pick-up child** from the school: |
| Name | Telephone | Relationship |
|  |  |   |
|  |  |  |

-1- PREREQUISITES TO ADMISSION

To complete the registration process, the following must be in the possession of RHM:

1. A completed application form;

2 .Letter of Acceptance and Registration and Tuition Agreement /

Acknowledgement;

3. Permission form for Emergency Consent / Medical Treatment;

4. Public Health immunization form;

5. Copy of Birth Certificate;

6. A **non-refundable** registration fee of $158.25.

7. Two deposit cheques equivalent to your monthly tuition for first and last month – dated the day your application is received .**This deposit is not transferable or refundable, should you wish to withdraw your child , school needs one month notice (Beginning of the month).**

8. Ten (10) post-dated cheques .

 Rocking Horse Montessori School and Nursery

 21 Guardsman Road Thornhill Ont.L3T 6L2

 Tel:(905)764-3933

Rocking Horse Montessori School welcomes children regardless of race, religion, colour or creed.

**Name of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Please print)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date (month/day/year) Parent or Guardian Signature**

|  |
| --- |
| **Office use only:**Application fee received: Yes [ ] No [ ] Cash:\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_Deposit received: Yes [ ] No [ ] Cheque #:\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_Post-Dated Cheques: Yes [ ] No [ ] Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BC: [ ] Immunization: [ ] General consent form: [ ] HIMAMA: [ ] Transition sent: [ ] Daily schedule: [ ]  **Date of Withdrawal****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** m/\_\_\_\_\_\_ d/\_\_\_\_\_\_ y/\_\_\_\_\_\_\_\_\_**Signature of Administrator**  |