



PARKDALE MONTESSORI SCHOOL APPLICATION FORM - TODDLER PROGRAM

Office Use Only:
 Application Fee (\$ _____)
 Date: _____
 Chq#: _____
 Requested Start Date:

CHILD'S INFORMATION:

Child's Name: _____
Last
Middle
First

Date of Birth: _____ (DD/MM/YY) Gender: Male ____ Female ____

CONTACT INFORMATION:

	Mother/Guardian	Father/Guardian
Name (First and Last)		
Complete Home Address		
Complete Workplace Address		
Home Phone		
Work Phone		
Mobile		
E-mail		

EMERGENCY CONTACT INFORMATION: *(One contact minimum is required; other than parents)*

	Person #1	Person #2
Name (First and Last)		
Relationship to Child		
Phone number		
Authorized to pick-up my child for reasons other than emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

AUTHORIZED PICK-UP : *(Other than parents or emergency contact)*

We, the undersigned, understand that by adding a name on this list, Parkdale Montessori School will release our child to the named authorized pick-up person, without calling us first. The School administration team recommends that when you send someone other than a parent to pick up your child, you notify the School staff at least verbally, but preferably via email.

	Person #1	Person #2
Name (First and Last)		
Relationship to Child		
Phone number		

CHILD SPECIFICS:

Physician	Full name	-----	
	Phone #	-----	
	Full Address	-----	
Allergies (please describe) -----			
<input type="checkbox"/> Allergy has been verified by a doctor	<input type="checkbox"/> Allergy is life-threatening	<input type="checkbox"/> Child has an epipen	<input type="checkbox"/> Child has medication other than epipen
Dietary restriction (please list) -----			
<input type="checkbox"/> Due to a known intolerance	<input type="checkbox"/> Due to suspected allergy not listed above	<input type="checkbox"/> Due to suspected intolerance	<input type="checkbox"/> Due to religious or other beliefs
Medical condition (please specify) -----			
<input type="checkbox"/> Requires medication	<input type="checkbox"/> Requires cream or ointment	<input type="checkbox"/> Requires specific care	
Please note that a separate form must be filled in for any medication including epipen.			
Health Card Number (optional)	-----		

ATTENDANCE OPTION: (Please indicate)

- Full-time (8:45 am to 3:15 pm) Precare (7:30 am to 8:45 am) Aftercare (3:15 pm to 5:30 pm)

PAYMENT PLAN: (Please indicate)

- Option A: lump sum payment Option B: payments over 7 months

SIGNATURES:

Signature of Mother/Guardian: _____ Date: _____

Signature of Father/Guardian: _____ Date: _____

* Application form must be accompanied by a non-refundable and non-transferable \$150 fee.

* Toddlers must be able to walk independently, take only one nap per day, and feed themselves using a spoon or fork to be accepted into our Toddler program.