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

PARKDALE MONTESSORI SCHOOL
APPLICATION FORM - CASA PROGRAM

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 to contact		
Authorized to pick-up my child for reasons other than emergency	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **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) ----------

- ☐ Allergy has been verified by a doctor
- ☐ Allergy is life-threatening
- ☐ Child has an epipen
- ☐ Child has medication other than epipen

Dietary restriction
(please list) ----------

- ☐ Due to a known intolerance
- ☐ Due to suspected allergy not listed above
- ☐ Due to suspected intolerance
- ☐ Due to religious or other believes

Medical condition
(please specify) ----------

- ☐ Requires medication
- ☐ Requires cream or ointment
- ☐ 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 (8:30 am to 3:30 pm)
- ☐ Precare (7:30 am to 8:30 pm)
- ☐ Aftercare (3:30 pm to 5:30 pm)
- ☐ Hot lunch (fees apply)

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 must be accompanied by a non-refundable and non-transferable $150 fee.
* Children must be toilet-trained prior to enrolling.