

WE CARE DAYCARE MONTESSORI THE CHILDREN'S CENTRE MONTESSORI

ALL INFORMATION IS REQUIRED BEFORE YOUR CHILD CAN ATTEND.

CHILD'S NAME: _____
FIRST MIDDLE LAST PREFERRED NAME

DATE OF BIRTH: _____ HEALTH CARD # _____

CHILD RESIDES AT: _____
CHILD'S FULL ADDRESS & POSTAL CODE

CHILD RESIDES WITH: _____

PARENT/GUARDIAN'S NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____
FULL ADDRESS + POSTAL CODE

TELEPHONE: _____
HOME# WORK# CELL#

PARENT/GUARDIAN'S NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____
FULL ADDRESS + POSTAL CODE

TELEPHONE: _____
HOME# WORK# CELL#

EMERGENCY CONTACTS: (PEOPLE IN TOWN TO WHOM CHILD MAY BE RELEASED)

NOTE: UNDER NO CIRCUMSTANCE WILL THE CHILD BE REALEASED TO ANYONE ELSE WITHOUT PREVIOUS AUTHORIZATION FROM THE PARENT/GUARDIAN

NAME: _____

RELATIONSHIP TO THE CHILD: _____

TELEPHONE: _____
HOME# WORK# CELL#

ADDRESS: _____
FULL ADDRESS + POSTAL CODE

NAME: _____

RELATIONSHIP TO THE CHILD: _____

TELEPHONE: _____
HOME# WORK# CELL#

ADDRESS: _____
FULL ADDRESS + POSTAL CODE

ALLERGIES: _____

ON GOING MEDICATION: _____

IMMUNIZATION UP TO DATE: YES NO

ANY OTHER RELEVANT HEALTH INFORMATION: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PLEASE CIRCLE THE PROGRAM YOU ARE REGISTERED FOR

2DAYS	A WEEK	\$300.00 (830-330)	YES	NO
3DAYS	A WEEK	\$375.00 (830-330)	YES	NO
5DAYS	½ DAY	\$500.00	YES	NO
5DAYS	FULL	\$750.00 (830-330)	YES	NO

(the above does not include before and after care)

If you are already registered in our Daycare Program:

½ day Morning Fee + \$50.00 per week	YES	NO
½ day Afternoon Fee + \$50.00 per week	YES	NO
Full Day Fee + \$65.00 per week	YES	NO

PLEASE BE ADVISED THAT ONCE YOU ARE REGISTERED IN THE MONTESSORI PROGRAM FEES ARE DUE REGARDLESS OF DAYS OFF OR HOLIDAYS.

ONE MONTHS WRITTEN NOTICE IS REQUIRED IN ADVANCE IF YOU WISH TO WITHDRAW FROM THE PROGRAM.

PLEASE NOTE THAT ALL DAYCARE/OUT OF SCHOOL CARE POLICIES AND PROCEDURES WILL BE IN EFFECT WITH OUR MONTESSORI PROGRAM

PARENT SIGNATURE

DIRECTOR SIGNATURE

DATE

DATE

