

# Enrollment Form



Kids First Montessori

## Child Info

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

## Contact Details

Mother's Name \_\_\_\_\_

Place of Work \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Father's Name \_\_\_\_\_

Place of Work \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

15372 94 Avenue  
Surrey, BC V3R 1E2  
P: 604-781-4231 / 778-895-0007

Kidsfirstmontessori.ca  
Kidsfirstmontessori@hotmail.com

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## Emergency Contact #1

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Contact # \_\_\_\_\_

## Emergency Contact #2

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Contact # \_\_\_\_\_

## Emergency Contact #3

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Contact # \_\_\_\_\_

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## Health Information

Family Doctor \_\_\_\_\_

Phone Number \_\_\_\_\_

Any Special  
Circumstances \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immunization  
Records      An up-to-date copy of your child's immunization records  
must be provided. If you do not have a copy, please  
bring in the original and a copy will be made for you.

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## Permission for Emergency Medical Aid

In Case of an Emergency:

I hereby give my permission to Kids First Montessori Preschool to call a physician or ambulance in the case of an accident or serious illness in my absence for my child when I cannot be immediately reached.

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's  
Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Permission for Outdoor Activities

### Playground and Field Trips:

I hereby give permission to Kids First Montessori to take my child on the playground and engage in outdoor activities. I understand that my child will not be taken on outings requiring the use of personal or public transportation without receiving specific permission to do so.

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's  
Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Permission for Picture Taking

I hereby give permission to Kids First Montessori Preschool to have pictures taken of my child for general record keeping, special occasions, field trips, bulletin boards and displays.

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's  
Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Emergency Consent Card

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Out of Town Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of Most Recent Tetanus Shot \_\_\_\_\_

Allergies / Medications \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Care Card Number \_\_\_\_\_ Date Effective \_\_\_\_\_

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## Consent Form

- 1) It is the policy of this facility to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.
- 2) Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre.
- 3) I hereby give consent for my child to be taken to the nearest emergency centre by the Care Facility Staff when I cannot be contacted.
- 4) I hereby give permission for my child to receive medical treatment.

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's  
Signature \_\_\_\_\_

Date \_\_\_\_\_



# Enrollment Form

## Pickup/Dropoff Authorization

The following people are authorized to pick up and drop off children from preschool:

|      |       |              |       |
|------|-------|--------------|-------|
| Name | _____ | Relationship | _____ |
| Name | _____ | Relationship | _____ |
| Name | _____ | Relationship | _____ |
| Name | _____ | Relationship | _____ |

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's  
Signature \_\_\_\_\_

Date \_\_\_\_\_

Please note: Any other circumstances involving custody or court orders must be supported by proper documents for the release of children.