KIDS FIRST MONTESSORI
BEFORE & AFTER SCHOOL CARE

Enrollment Form

CHILD INFORMATION

Start Date: _____ Last Day of Attendance: _____

Child's Full Name: _____

Date of Birth: _____ Gender: _____

Current Address: _____

Mother's Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Email: _____ Occupation: _____

Father's Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Email: _____ Occupation: _____

Person to pick up child regularly: _____

EMERGENCY CONTACT

Name: _____ Home Phone: _____

Cell Phone: _____ Relationship: _____

Name: _____ Home Phone: _____

Cell Phone: _____ Relationship: _____

Name: _____ Home Phone: _____

Cell Phone: _____ Relationship: _____

Enrollment Form

Medical History

Allergies: ☐ Yes ☐ No If yes, are they anaphylactic? ☐ Yes ☐ No
If yes, please list all the allergies and fill a care plan for all details of symptoms, medications and instructions to follow.
Does your child have any ☐ Speech Difficulties ☐ Hearing ☐ Vision ☐ Other: _____
Is your child toilet trained or in process? ☐ Yes ☐ No

Care Plan Form

In case of any allergic reaction emergencies, we kindly request parents to fill in a detailed Care Plan form which will be provided by the school to address effectively to the situation.

Enrollment Form

EMERGENCY CONSENT CARD

Child's Full Name: _____

Date of Birth: _____ Gender: _____

Current Address: _____

Mother's Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Father's Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Out of Town Contact: _____ Phone: _____

Child's Doctor: _____ Phone: _____

Date of most recent Tetanus Shot: _____

Child's Dentist: _____ Phone: _____

Care Card Number: _____ Date Effective: _____

IMMUNIZATION RECORD

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

Enrollment Form

DROP OFF & PICKUP

Authorised names of people to drop off and pick up child/ren from Kids First Montessori Before & After School Care

Name	Relationship

Please note:

1. **Any other circumstances involving custody or court orders, must be supported by proper documents for the release of the child.**
2. **Please inform us if someone other than yourself will be picking up your child. Your child's safety is very important. Proper identification will be requested from the individual not on our list.**

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PERMISSION FORM & PARENT AGREEMENT

I, _____, give permission for my child _____ to take part in the following activities:

Permission for Emergency Medical Aid

I hereby give permission to Kids First Montessori Preschool Before & After School Care to call a physician or an ambulance to receive medical attention in case of an accident or serious illness in my absence for my child when I cannot be reached/contacted immediately.

☐ Yes ☐ No

Permission for Outdoor Activities, Playground and Field Trips

I hereby give permission to Kids First Montessori Preschool Before & After School Care 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.

☐ Yes ☐ No

Permission for Picture Taking

I hereby give permission to Kids First Montessori Preschool Before & After School Care to capture photographs of my child for the purposes of classroom documentation, record keeping, and preschool displays (e.g., bulletin boards and learning portfolios). Copies of my child's photographs only will be available to me upon request. Images will not be shared publicly or used for any external purpose without my prior consent.

☐ Yes ☐ No

Signature: _____ Date: _____

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IMPORTANT INFORMATION PLEASE READ AND SIGN

Payment Policy:

1. Monthly fees is payable to **Kids First Montessori Preschool**, by cheque dated for the 1st of each month. On withdrawal, all post dated cheques will be returned
2. We prefer cash / e-transfer. Please ensure your child's name is included in the message/note section to make it easy to identify the payment.
3. Monthly payments for the 10 months period of Preschool, i.e. September to June is same. Full fee applies for the months of March and December.
4. No exemption from payment of monthly fees, if your child misses school days due to medical or personal reasons.

Hold the Spot Policy:

To hold the spot in Before & After School Care program, while your child is away, full monthly fee must be paid. If monthly fees is not received, registration will be required to continue program, depending on spot availability. Please notify us two weeks prior about your plans of being away.

Withdrawal Policy:

1. One month notice is required in order to withdraw your child from the Before & After School program. Incase of no notice a full month fee will be charged.
2. The school reserves the right to release a child/ren from enrolment, if the school decides it is in the best interest of the child/ren and or school.

Health Policy;

1. In case of any serious or contagious illness, please inform the school for your child's absence.
2. Our school is a **Nut Free Zone**. Please do not send **Nuts/Tree Nuts/Peanuts/Nutella** to school as snacks or treats with children.

Late Pickup fee :

1. Please pickup your child from Before & After School Care on time at the end of the class i.e.,
   2:30 pm to 5:30 pm
2. Late fee of $1 per minute will be charged after 5 minutes of grace time.

Signature: _____ Date: _____

Enrollment Form

Earthquake/Emergency Kit

Parents are requested to provide the following items for their child. All items must be placed in a ziplock bag, clearly labeled with your child's full name.

Please include:

- Family photo
- Personal hygiene items (Diapers and wipes : 2 each, if applicable)
- Medicines (if prescribed/necessary)
- Non-perishable food (only if your child requires specific items due to allergies)

Note: The school will provide all essential emergency supplies, including first aid, food, and water.