

MontessoriWorks Application for Enrolment

For Office Use Only

Date of Admission:

Date of Discharge:

Type of Program Required: Full-time Half - day (Morning or Afternoon)
 Casa Pre-Casa

Child Information

Full Legal Name: (Last Name, First Name)	Sex (Male/Female):
Date of Birth (dd/mm/yyyy):	Age (years, months):
Home Address(es):	
Language(s) Spoken at Home:	
Other children in the family (list names, ages if applicable):	

Parent Information

Full Legal Name: (Last Name, First Name)	Preferred Name:
Relationship to Child:	Primary Phone Number:
Alternate Phone Number:	Email address(es):
Home Address: <input type="checkbox"/> Same as Child	

Full Legal Name:	Preferred Name:
Relationship to Child:	Primary Phone Number:
Alternate Phone Number:	Email address(es):
Home Address: <input type="checkbox"/> Same as Child	

Emergency Contacts

In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Full Legal Name:	Full Legal Name:	Full Legal Name:
Preferred Name:	Preferred Name:	Preferred Name:
Relationship to Child:	Relationship to Child:	Relationship to Child:
Primary Phone Number:	Primary Phone Number:	Primary Phone Number:
Alternate Phone Number:	Alternate Phone Number:	Alternate Phone Number:
Home Address:	Home Address:	Home Address:
<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child

Pick-Up Authorization

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identify before the child will be released):

Full Legal Name	Relationship to Child	Primary Phone

Additional Emergency Information

Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g., known medical conditions, skin conditions, vision/hearing difficulties):

Health Information

If your child has had any history of communicable diseases (e.g., chicken pox, measles), please list them below (see Appendix B for common communicable diseases from Health Canada):

Does your child have any medical need(s) that requires additional support (e.g., Diabetes)?

YES NO

If yes, an individualized plan for children with medical needs must be developed between the parent and MontessoriWorks prior to the child's first day of care.

Any history of communicable diseases? _____

Are there any behavior issues that we should know about _____?

Immunization Records

Please provide a copy of your child's immunization record (e.g., yellow card) to the MontessoriWorks prior to your child's first day of care. If you do not have an immunization record, please complete the chart below.

If you have chosen not to immunize your child, a [Statement of Medical Exemption](#) form or a [Statement of Conscious or Religious Belief](#) form must be completed and provided to the MontessoriWorks. These forms are available on the Ministry of Education's website.

Vaccine (Age Usually Given) ¹	Date(s) of Immunization			
DTaP-IPV-Hib (2 mos, 4 mos, 6 mos, 18 mos) Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b				
Pneu-C-13 (2 mos, 4 mos) Pneumococcal Conjugate 13				
Rot-1 (2 mos, 4 mos) Rotavirus				
Men-C-C (12 mos) Meningococcal Conjugate C				
MMR (12 mos) Measles, Mumps, Rubella				
Var (15 mos) Varicella				
MMRV (4-6 years) Measles, Mumps, Rubella, Varicella				
Tdap-IPV (4-6 years) Tetanus, diphtheria, pertussis, Polio				
Inf (every year in the fall) Influenza				
Other (please specify)				

¹ Ontario's Publicly-Funded Immunization Schedule - <http://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx>

Allergy Information

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts or bee stings)?

YES NO

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and MontessoriWorks prior to the child's start date.

Does your child have any allergies that are not life-threatening (food or other substance [e.g., latex])?

YES NO

If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

Dietary and Feeding Arrangements

Does your child have any special feeding arrangements (e.g., no sippy cups, mashed/pureed food)?

YES NO

If yes, please provide relevant details:

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)?

YES NO

If yes, please provide relevant details:

Sleep Arrangements

How many naps does your child typically have each day? _____

At what times does your child typically nap? _____

How long does your child usually nap? _____

Does your child have any special sleep requirements (e.g., specific comfort item, soother)?

YES NO

If yes, please provide relevant details below:

Physical Requirements

Does your child use diapers/pull up?

YES NO

If no, my child:

Uses the washroom independently Requires some assistance Requires full support

Please provide relevant details:

Does your child require any additional support or accommodation with respect to physical activity?

YES NO

If yes, please provide relevant details:

Photograph/Video Waiver

From time to time, MontessoriWorks would like to include a picture for use in promotion and advertisements.

Please sign below if you do not have any objections having your child's picture or video taken of them. I hereby consent to have my/our child, _____, to have the pictures/video used for advertisement or promotional materials (Website etc.)

Please check box if you do not have objections having your child's picture or video taken of them for classroom sharing. (Group photo, school activity sharing)

Additional Information

Please indicate any additional information that is relevant to the care of your child (e.g., prone to colds, frequent shoulder dislocation, etc.):

Parent Name

Parent Signature

Date (dd/mm/yyyy)

Staff Name

Staff Signature

Date (dd/mm/yyyy)

Note: 'Parent' is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child as a child of his or her family, and includes legal guardians.



Appendix A: Authorization for Non-Prescription Skin Products

Child's Full Legal Name:

Date of Birth (dd/mm/yyyy):

The following **non-prescription** items may be applied to my child in accordance with the manufacturer's instructions on the original container (please check off):

- Sunscreen Diaper Creams/Ointment Lip balm Hand sanitizers
- Insect repellent Lotions

MontessoriWorks has agreed to provide:	Parent has agreed to provide:
Hand Sanitizers	

Note: Consider adding the brand name of the non-prescription items for transparency.

Date (dd/mm/yyyy)

Signature of Parent

Appendix B: List of Reportable Diseases

Acquired immunodeficiency syndrome (AIDS)	Chancroid	Chlamydia trachomatis infections	Creutzfeldt-Jakob disease, all types
Cytomegalovirus infection, congenital	Encephalitis	Gonorrhea	Hemorrhagic fevers
Hepatitis B	Hepatitis C	Influenza	Legionellosis
Leprosy	Meningitis, acute	Ophthalmia neonatorum	Personal service settings
Respiratory infections, including institutional outbreaks	Severe acute respiratory syndrome (SARS)	Streptococcal infections	Syphilis
Tuberculosis			