



**LITTLE SCHOLARS  
MONTESSORI  
& CHILDREN'S VILLAGE**

**REGISTRATION & HEALTH FORM FOR LITTLE SCHOLARS MONTESSORI &  
CHILDREN'S VILLAGE**

Child's full name: \_\_\_\_\_

Nick name used: \_\_\_\_\_

Birthdate: (DD/MM/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Start date: \_\_\_\_\_

Program required:

- Montessori
  - JK(4 – 5 year old)
  - Montessori ( 3 year old)
  - JK with Afternoon Daycare
  - Montessori with Afternoon Daycare
- Multi age Monday thru Friday (0 – 12 years of age)
- Multi Age Afterschool Care
- Daycare 30 months to School age
- Infant/Toddler (0 – 36months)

Do you require Subsidy?      Yes    No

Gender: M      F

Parents/Guardian: \_\_\_\_\_

Email: (please provide one that is checked regularly)  
\_\_\_\_\_

Home address: with postal code \_\_\_\_\_

Home phone: \_\_\_\_\_

Mom's Work address & phone: \_\_\_\_\_

\_\_\_\_\_

Dad's Work address & phone: \_\_\_\_\_

\_\_\_\_\_

OFFICE USE ONLY

Deposit Received \_\_\_\_\_

CC

JK

PS

Date \_\_\_\_\_

Hair Colour: \_\_\_\_\_

Eye Colour: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Date: \_\_\_\_\_



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Alternate emergency contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Others authorized to pick up the child:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Person(s) prohibited from accessing the child: \_\_\_\_\_ and relationship to child:  
\_\_\_\_\_ (Attach copy of custody papers)

Care card #: \_\_\_\_\_

Family doctor, address & phone: \_\_\_\_\_  
\_\_\_\_\_

List any known health concerns, including allergies and instructions to follow in the event of an  
allergic reaction and reaction type:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immunization Record

- Yes, my child's immunizations are up to date  
(Please provide child's health passport)
- No, my child's immunizations are not up to date



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Consent Forms

**Parent/Guardian:** Please fill in your name, your child's name, and initial each box to indicate your consent for each of the following situations.

I, \_\_\_\_\_ hereby give Little Scholars Montessori & Children's Village consent for the following in regards to my child, named \_\_\_\_\_.

- Consent to Travel:** I give my consent for the caregiver to take my child on field trips. I understand that they may travel on foot, or in a motor vehicle and that the caregiver has appropriate vehicle insurance and will adhere to all laws regarding transporting children safely.
- Consent to Emergency Medical Care:** I understand that it is the caregiver's policy that the parent/guardian be notified when a child is ill or needs medical attention. If I can't be contacted and immediate help is needed, I consent for an ambulance to be called, or my child to be taken to the nearest emergency service where they may receive necessary medical treatment
- Consent to take photographs:** I give my consent for photographs of my child to be taken by the caregiver. I understand that these photographs will only be used in the Little Scholars Montessori & Children's Village setting and not for commercial purposes.
- Consent to administer medication:** I hereby give consent to Little Scholars Montessori & Children's Village to administer prescription and / or Over the Counter medication to my child. I understand that the medication(s) must be in the original container with the pharmacist/original label attached. The children's centre will follow and adhere to the labeled instructions. \*\*Consent to Administer Medication Form; needs to accompany any and all medications\*\*



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- Consent to participate in Swimming Lessons (Montessori Only):** Lessons are offered twice a year for the Junior Kindergarten and once a year for Preschool. Classes are set forth on a pre-determined basis. TRP children parents pay half of swimming lessons cost on top of monthly tuition. NON-TRP Parents pay half TRP rate on top of the difference of TRP TO NON – TRP rate on top of top of monthly tuition.

*\*\*Be advised that if you do not consent to swimming lessons your child will not be able to attend classes on those days, due to staffing. Refunds will not be issued for days missed\*\**

Last Level Completed: \_\_\_\_\_ TRP Card # \_\_\_\_\_



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By signing this application form you agree to the terms and conditions as set forth by the parent handbook. You further agree with the philosophy, principles, values and guidance policy *Little Scholars Montessori & Children's Village*. Children are taught and cared for in a caring and loving manner. They will be given every opportunity to challenge themselves and discover learning in a positive and proactive way. These methods are encouraged to be further developed at home.

By signing this letter you understand and agree that your child's spot will be held and that you are aware of the \$100 non-refundable registration fee.

Initial indicating you have read the deposit requirements \_\_\_\_

Signature: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date: \_\_\_\_\_

**Care Schedule**

|          | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------|--------|---------|-----------|----------|--------|
| Drop Off |        |         |           |          |        |
| Pick Up  |        |         |           |          |        |