



# Archway Montessori School & Daycare

freedom • respect • independence

**FOR SCHOOL USE ONLY**

<b>Program Name:</b>	<b>Days:</b>
<b>Application Date:</b>	<b>Extended Care (AM/PM/BOTH):</b>
<b>Approved by:</b>	<b>Catering (Y/N) Allergies/Restrictions:</b>
<b>Monthly Fees:</b>	<b>Method of Payment:</b>
<b>Start Date:</b>	<b>Withdrawal Date:</b>

## Registration Package Checklist

The following forms should be completed and returned as part of a full registration.

- Enrollment Form with registration fee
- Immunization Record (it is your responsibility to provide us with an updated record every time your child gets vaccinated)
- Parental Contract
- Post-dated cheques are a requirement to complete registration
- First & last payments are mandatory, regardless of method of payment
- All parts of the form **MUST** be completed or it will be returned to you

### **NOTE:**

- Please provide **COMPLETE HOME & WORK ADDRESSES** along with telephone numbers for your mobile, home and work. It is your responsibility to inform us of ANY changes to your contact information.
- Please provide names and phone numbers for your child's doctor and emergency contacts. It is your responsibility to inform us of ANY changes to the above contact information.
- A registration fee in the amount of \$125.00/\$250.00 is required for ALL families regardless of when they enroll or for how long. It **MUST** be paid in order to confirm registration.
- \$125.00 is for all returning families and \$250.00 is for all new families. In the case where one sibling is returning and another sibling is registering, the registration fee will be \$175.00



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## STUDENT INFORMATION

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Date of Birth (DD/MM/YY) Sex (M/F) Preferred Name or Nickname

\_\_\_\_\_  
HomeAddress City, Province Postal code

## FATHER/GUARDIAN NAME (please print clearly)

\_\_\_\_\_  
First Name Middle Name Last Name Home Telephone Number

\_\_\_\_\_  
Home address (if different from child's)

\_\_\_\_\_  
Employer Name & Address

\_\_\_\_\_  
City Province Postal Code Work Phone Number Mobile Phone Number

\_\_\_\_\_  
E-mail (work)

\_\_\_\_\_  
E-mail (personal)

## MOTHER/GUARDIAN NAME (please print clearly)

\_\_\_\_\_  
First Name Middle Name Last Name Home Telephone Number

\_\_\_\_\_  
Home address (if different from child's)

\_\_\_\_\_  
Employer Name & Address

\_\_\_\_\_  
City Province Postal Code Work Phone Number Mobile Phone Number

\_\_\_\_\_  
E-mail (work)

\_\_\_\_\_  
E-mail (personal)



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## EMERGENCY CONTACTS

Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_ Relationship \_\_\_\_\_

## ADDITIONAL EMERGENCY CONTACTS (in case above individuals cannot be reached)

Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_ Relationship \_\_\_\_\_

## CUSTODY INFORMATION

Are there any special custody arrangements pertaining to access to/visitation of your child? Y  N

If yes, please provide details of the arrangements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copy of Custody Order provided: Y

## MEDIA RELEASE

I give permission for Archway Montessori School to use photos of my child on the school's website, school publications and other school related media

I don't give permission for Archway Montessori School to use photos of my child on the school's website, school publications and other school related media

## SCHOOL OUTINGS/ACTIVITIES (INCLUDES WALKS/BUS TRIPS)

I give permission for my child to participate in school field trips and/or activities with prior notice. I also understand that with impromptu walks and activities, advance notice may not be possible.

I don't give permission for my child to participate in school field trips and/or activities with prior notice. I also understand that with impromptu walks and activities, advance notice may not be possible.

3385 Lawrence Avenue East • Toronto • Ontario • M1H 1A8 • T. 416 438 8103

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## NAP AGREEMENT

- My child does require a nap in the afternoon. If the child is unable to sleep after 30 minutes of lying down, the child will be provided quiet activity time.
- My child does not require a nap in the afternoon unless the teacher deems it necessary due to illness, fatigue, mood etc.

## SUNSCREEN APPLICATION

- I give my permission for Archway Montessori School staff/volunteers to apply sunscreen on my child for outdoor play. I have provided a labeled bottle of sunscreen for my child's use.
- I don't give my permission for Archway Montessori School staff/volunteers to apply sunscreen on my child for outdoor play. I have not provided a labeled bottle of sunscreen for my child's use.

## PARENT AGREEMENT

On behalf of myself and any other legal parent/guardian of \_\_\_\_\_, I/we hereby make application to enroll the above-mentioned child into Archway Montessori School & Daycare. The above application has been completed accurately. I understand that failure to report any existing condition or any other vital information about my child may jeopardize my child's safety and prevent him/her from benefiting in full at Archway Montessori School & Daycare. This application including any other forms I complete at Archway Montessori School & Daycare are true and accurate. I understand that Archway Montessori School reserves the right to withdraw my child from its program in the best interest of the majority of the children in the school or its programs. I understand and agree to abide by all of Archway Montessori School & Daycare's policies and regulations as outlined in the Parent Handbook/Parental Contract/Program Statement. I will review (upon receipt) or have reviewed the policies and procedures as outlined in the Parent Handbook/Parental Contract/Program Statement.

**The Parent Handbook, Parental Contract and Program Statement are important and integral documents that must be read by all families in order to complete this Agreement.**

By signing below, I agree that in the event of an emergency, if I cannot be reached at the time of the illness or accident, or if the emergency is such that time does not permit such contact, Archway Montessori School and its representatives are authorized to secure any treatment prescribed by a physician or health care professional, including arrangements made for transportation to the Emergency Department of the nearest hospital, with no liability on the part of the drivers or of Archway Montessori School and its representatives.

I hereby release Archway Montessori School and its representatives from all claims, damages and/or liabilities, arising from any accidents and/or injury that are not the result of negligence of this school and its representatives which are caused by or arise from participation by my child named herein during any program or in any facility or at any location at which a program is held.

DATE: \_\_\_\_\_

PARENT/GUARDIAN NAME (please print clearly): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_



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## Child Health Record

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

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

### **DOCTOR/MEDICAL INFORMATION:**

Doctor's Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of most recent booster for DTP: \_\_\_\_\_ Date of most recent booster for MMR: \_\_\_\_\_

**\*A copy of your child's immunization record is required for our records**

Are there any physical or other problems that we should be aware of that may interfere with the child's full participation in the program or which may require special attention? (e.g. symptoms indicative of ill health, injuries, operations, etc.)

YES  NO  If yes, please include dates and details: \_\_\_\_\_

\_\_\_\_\_

### **HISTORY OF COMMUNICABLE DISEASES:**

Please indicate if your child has had any of the following:

Chicken Pox  Mumps  Measles  Whooping Cough  Rubella (German Measles)  Hepatitis B

### **ADDITIONAL INFORMATION:**

Please indicate any additional information which is relevant:

Skin Conditions: \_\_\_\_\_

Sight Difficulties: \_\_\_\_\_

Hearing Difficulties: \_\_\_\_\_

Other: \_\_\_\_\_

### **ALLERGIES:**

If your child has any allergies, please indicate below:

Allergy	Mild	Moderate	Severe	Life Threatening



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If your child has a life threatening allergy, please fill out the *Anaphylaxis Emergency Plan* prior to start date (please ask Administrator for copy. If allergy is not life threatening, please provide additional information:

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Please indicate if you have completed and/or submitted the *Anaphylaxis Emergency Plan* Y  N

## **MEDICAL CONDITIONS:**

If your child has asthma or any other medical condition that requires for medication to be administered on a regular basis, please note this below and complete the *Scheduled Medication/Treatment Record* Form (please ask Administrator for copy)

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Please indicate if you have completed and/or submitted the *Scheduled Medication/Treatment Record* Y  N

I hereby consent to the collection, use and disclosure of my child's information by the centre for the purposes of providing child care services to my child enrolled at Archway Montessori School & Daycare. I understand that AMSD protects the privacy of all personal information in its possession in compliance with prevailing privacy legislation.

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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To help us serve your child and family better, and to help us in our programming, please answer the following questions:

## GENERAL INFORMATION:

Please list any other members of the household (siblings, extended family, pets, etc.):

\_\_\_\_\_

\_\_\_\_\_

Who has cared for your child up to the present time?

Home Care  Licensed Day Care  Relative

What language(s) is/are spoken at home?

\_\_\_\_\_

Please list any significant information that we should be aware of such as recent upsets or changes, fears, special instructions regarding pick-up etc.:

\_\_\_\_\_

In what areas does your child have a particular interest?

\_\_\_\_\_

How does your child like to be comforted?

\_\_\_\_\_

Does your child have sensitivity to any foods? If yes, please explain:

\_\_\_\_\_

Are there any concerns or special requirements with respect to your child's diet, rest or physical activity?

NO  YES  If YES, please explain:

\_\_\_\_\_

## General Temperament:

Friendly/Outgoing  Active  Very Active  Shy  Cooperative  Aggressive  Other: \_\_\_\_\_

## Speech Development:

Uses words only  Speaks in Sentences  Speaks in Phrases

Comments: \_\_\_\_\_

## Self Help Skills:

Dresses self  Toilets self  Feeds self

Comments: \_\_\_\_\_

## Sleep Patterns:

Usually Naps  How long? \_\_\_\_\_ Does not nap

Comments: \_\_\_\_\_

## Social Skills:

Prefers to play alone  Plays with group of children  Follows routines  Accepts change easily

Comments: \_\_\_\_\_

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## EMERGENCY CONTACT INFORMATION

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

### FATHER/GUARDIAN NAME (please print clearly)

\_\_\_\_\_  
First Name Middle Name Last Name Home Telephone Number

\_\_\_\_\_  
Home address (if different from child's)

\_\_\_\_\_  
Employer Name & Address Business Phone Number

\_\_\_\_\_  
E-mail (please provide work & personal) Mobile/Pager Number

### MOTHER/GUARDIAN NAME (please print clearly)

\_\_\_\_\_  
First Name Middle Name Last Name Home Telephone Number

\_\_\_\_\_  
Home address (if different from child's)

\_\_\_\_\_  
Employer Name & Address Business Phone Number

\_\_\_\_\_  
E-mail (please provide work & personal) Mobile/Pager Number

### EMERGENCY CONTACT

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

MEDICAL CONDITIONS/ALLERGIES: \_\_\_\_\_

By signing below, I agree that in the event of an emergency, if I cannot be reached at the time of the illness or accident, or if the emergency is such that time does not permit such contact, Archway Montessori School & Daycare and its representatives are authorized to secure any treatment prescribed by a physician or health care professional, including arrangements made for transportation to the Emergency Department of the nearest hospital, with no liability on the part of the drivers or of Archway Montessori School & Daycare and its representatives. I hereby release Archway Montessori School & Daycare and its representatives from all claims, damages and/or liabilities, arising from any accidents and/or injury that are not the result of negligence of this school and its representatives which are caused by or arise from participation by my child named herein during any program or in any facility or at any location at which a program is held.

Signature of Parent/Guardian: \_\_\_\_\_

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

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## PARENTAL CONTRACT

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

### **Part One – FINANCIAL RESPONSIBILITIES**

The conditions of this agreement provide protection for parents as well as for our program. In order to assure that we can provide these services, it is essential that the program be financially stable. Salaries and overhead expenses cannot be reduced because of absentee losses. This contract is a commitment that you will financially support the enrolment space guaranteed for your child. Failure to meet your financial commitment may result in termination of child care services.

- A non—refundable, non-transferable registration fee of \$250.00 is required for ALL new families. A non-refundable, non-transferable registration fee of \$125.00 is required for ALL returning families. In the case where one child is returning and another is a new student, the registration fee will be \$175.00 for the family.
- Fees in the form of monthly payments are due ON or BEFORE the 1<sup>st</sup> of every month. Post-dated cheques are mandatory, no exceptions.
- All payments returned from a financial institution will be subject to an administration fee of \$50.00. The replacement payment MUST be in the form of cash, a certified cheque or a money order.
- Tax receipts are sent out every February.
- Refunds will not be made for any days that the centre is closed or for any absent days (including vacations or illness). Refunds will not be made for missed days that result from the inability of the centre to open (or early closure of the centre) due to circumstances beyond the control of AMSD (including, but are not limited to, natural disasters, emergency situations, inclement weather, and/or other healthy and safety concerns).
- A late payment fee of \$10.00 per day will be charged if payment is not received according to the agreed upon schedule.

### **Part Two – WITHDRAWAL PROCEDURES**

- Written notice of permanent withdrawal by you must be given 30 days in advance. Families are requested to give notice at the beginning or end of a calendar month to simplify accounting. No discounts or refunds will apply for unused days.
- Withdrawal with LESS than 30 days notice will be subject to a FULL month's fee as penalty. Outstanding amounts will be sent to a 3<sup>rd</sup> party collection agency.
- Withdrawal with NO notice will be subject to TWO months fees as penalty. Outstanding amounts will be sent to a 3<sup>rd</sup> party collection agency.
- Written notice of permanent withdrawal by the centre must be given 2 weeks in advance. Behaviour that poses a safety hazard will not be accepted and may result in immediate withdrawal.
- The provision of our service is conditional upon compliance of both you and your child to our Code of Behaviour.
- Should the Administrator of the program, in consultation with the teacher(s), determine that a child cannot adjust to the program, or if the parent has not upheld the contract, the child will be withdrawn and this agreement will be terminated. The process of termination for all children will include any or all of the following steps:
  - Documentation of incidents
  - Meeting with appropriate parties
  - Counselling and/or consultation with outside agencies
  - Suspension
  - Notification to appropriate government bodies
  - Removal from the program
  - Referral to an outside agency

### **Part Three – CODE OF BEHAVIOUR**

The safety of all children is our primary concern. The following expectations are necessary to promote happy, comfortable, safe atmosphere. The child and parents at all times shall:

- be courteous to others;
- use acceptable language;
- conduct themselves in a manner which allows others to feel safe from verbal and physical abuse;
- resolve conflict in a peaceful manner;
- respect the building and equipment as well as the personal property of others; and
- show personal respect for all individuals through behaviour and language.

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## **Part Four – ADDITIONAL OPERATIONAL POLICIES**

- The forms listed below are required upon application and before admission. This information must be reviewed annually and revised as necessary to ensure that we have the correct information on file. Parents must sign off that information has been reviewed.
  - Application Form
  - Parental Contract
  - Child Health & Immunization Record
  - Emergency Contact Form
- The hours of operation are from 7am to 6pm. A late pick-up fee will be charged for time that a staff member is required to stay with your child after closing. The late pick-up fee is noted in the Parent Handbook. This fee **MUST** be paid immediately to the staff member in charge at the time. If we are unable to reach you or your emergency contact by 6:30pm, the Children's Aid Society will be contacted.
- For children in our half day AM program, pickup has to be no later than 11:30am. If your child is picked up **AFTER** 11:30am, a late fee will be charged. If we are unable reach you or your emergency contacts by 12pm, CAS will be contacted.
- Our exclusionary policy, due to illness, is established by Public Health Services.
- Regulations require daily outdoor play for each child. Our policy states that children too ill to play outdoors should remain at home. If a child becomes ill during the day, care will be provided until you can be contacted and your child taken home.
- The centre will administer prescription drugs to children, in accordance with provincial legislation as follows:
  - Parents must provide written medical authorization, including the dosage and times any drug is to be given
  - Medication must be received in the original container, clearly labelled with the child's name, name of the drug, dosage, the date of purchase, and instructions for storage and administration of the drug.
  - Medication is to be handed directly to a staff member (not to be left in child's bag etc.)
  - If medication has expired staff may refuse to administer it.
- If your child will be absent from child care due to sickness, holidays, etc., please inform the centre in person or by phone/email.
- If your child is involved in a custody dispute, please inform the Administrator in writing and provide a copy of the legal custody papers
- Children will be released to the care of authorized persons listed on the child's *Application Form*.
- Centres may go on field trips throughout the year. Parents will be notified in advance and be required to sign a parental permission form prior to each trip.
- Once you have picked up your child at the end of the day, please note that your child's well being is now your responsibility. Should your child be injured on the property, while in your care, you are responsible.
- Your child should be dressed in clothing suitable for physical activity, the weather and the season. A second set of clothes, labelled, should be in your child's bag or cubby in case of accidents. Clothing should be such that it encourages self-dressing. All clothing and personal articles should be labelled with your child's name/initials. The centre is not responsible for lost clothing and articles.
- Daily contact with parents and staff will be supplemented by individual interviews (parent teacher conferences), information nights and workshops. Parents are encouraged to participate in our program, in special events, and/or in field trips. Parents are also encouraged to assist the centre in ways which reflect their interests and talents (e.g. fund raising, making or repairing equipment).
- Staff encourage children to act in a respectful manner, appropriate to their developmental age and stage. Self-discipline is promoted and logical consequences are the preferred methods of encouraging appropriate behaviour. Staff, volunteers, and students sign the *Behaviour Guidance Policy* upon hiring and annually thereafter. The child guidance actions of staff, volunteers, and students are monitored and guidance is given to ensure that child guidance requirements are met.
- **Child Abuse Policy:** In accordance with the *Child & Family Services Act*, it is the responsibility of every person in Ontario to immediately report to CAS if he/she suspects that child abuse has occurred, or if a child is at risk of abuse. This includes any person who performs professional duties with respect to children, any operator, or any parent. An individual's responsibility to report cannot be delegated to anyone else. The centre does not investigate or lay blame; it simply reports and follows the directions of the CAS. If a parent, staff, or other accuses a staff member of abuse, it is the duty of the individual making the allegation and the centre to report the accusation to the CAS and follow the direction given.
- Please be aware that information that is in the best interests of your child will be shared among the staff at the centre.
- We observe the following holidays: Christmas Day, Boxing Day, New Year's Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Civic Holiday, Labour Day, Thanksgiving Day, Family Day. For additional closures, please refer to our School Calendar in the Parent Handbook.

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## **Part Five – EMERGENCY MEDICAL ATTENTION**

I hereby grant permission for staff to take whatever steps may be necessary to obtain medical care, if warranted. These steps may include, but are not limited to, the following:

- Contacting a parent or guardian
- Contacting the child's physician
- Contacting the emergency contacts
- Contacting another physician
- Calling an ambulance
- Taking the child to a hospital
- Administering reasonable First Aid measures

## **Part Six – PERMISSION TO ENGAGE IN CHILD CARE ACTIVITIES**

- I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the child care centre including field trips and bus trips

## **Part Seven – PRIVACY INFORMATION**

I hereby consent to the collection, use, and disclosure of my parental and my child(ren)'s personal information by the centre for the purpose of providing child care services to my child(ren) enrolled at AMSD. I understand that the centre protects the privacy of all personal information in its possession in compliance with prevailing privacy legislation and in accordance with the centre's *Privacy Policy*.

## **I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY ALL POLICIES**

PARENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_