Innisfil Montessori Academy

Application Checklist

- Application Form
- Application fee enclosed ($50.00)
- Health Form
- Preschool Immunization History
- Photo of Child
- Copy of Birth Certificate
- Copy of Health Card
- Media Waiver
- Permission Form for Neighborhood Outings
- Regular & Emergency Pick up Policy

1. There is a onetime $50.00 registration fee per child that is due upon registration. This holds your child's spot in the program.
2. Post-dated cheques are to be made out to Innisfil Montessori Academy, and are to be dated for the first of each month.
3. It is policy that cheques returned to Innisfil Montessori Academy from the bank for any reason will incur a fee of $30.00.
4. Application package must be fully completed prior to attendance.

Innisfil Montessori Academy

201 Sunnybrae Avenue

Innisfil, ON L9S 1H8

STUDENT APPLICATION FORM

Child's Name: _____

Child's Address: _____

Birthdate: _____ Authorized Pick-up Person(s): _____

Date of Entry: _____ Age at time of entry: _____

PARENT INFORMATION

Name: _____	Name: _____
Home Address: _____	Home Address: _____
_____	_____
Home Phone: _____	Home Phone: _____
E-Mail: _____	E-Mail: _____
Cell Phone: _____	Cell Phone: _____
Bus. Phone: _____	Bus. Phone: _____
Workplace (incl. address): _____	Workplace (incl. address): _____
_____	_____

Emergency Contacts (All information is necessary as per the Ministry of Community & Social Services)

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Family Dr.: _____ Phone #: _____

Dr. Address: _____

Allergies: _____

Other relevant information regarding child's health: _____

Program Requested

2 Days per week (Tues/Thur) JK/SK "A" (Mon/Wed/Alt. Fri) 5 Days per week

3 Days per week (Mon/Wed/Fri) JK/SK "B" (Tues/Thur/Alt. Fri)

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Hot Lunch Requested: Yes ( ) No ( ) Cost is $4.00 per day (mandatory for children under 3.8 yrs.

Previous Childcare Provider: _____

Discharge Date: _____

Regular and Emergency Pick-up Policy

In the event that your child needs to be picked up by someone other than a custodial parent (guardian), Innisfil Montessori Academy is required to have written permission to release your child. Please fill out the following to indicate **who are routinely authorized to take your child off the school premises.** Please include any caregiver's that will be picking up your child and please include a non-family member (friend/neighbor) who lives close enough to pick up your child if they become ill and we cannot contact you, or in the event of an emergency on your part. Please give the phone numbers where this person can be reached while your child is in our care.

Name _____

Phone Number _____ ___ or _____

Relationship _____

Name _____

Phone Number _____ ___ or _____

Relationship _____

Name _____

Phone Number _____ ___ or _____

Relationship _____

Permission Form for Neighborhood Outings

As part of the Montessori program, the children will be provided with learning opportunities within the community. Walks are an integral part of the school's teaching program. They take place during regular school hours, with teachers accompanying the children. These trips may include; walking to the Stroud library to take part in reading programs and trips to the local parks and businesses in the area.

The following form grants permission for your child to partake in these activities which involve walking in the neighborhood for distances less than five kilometers. These trips will be under direct supervision of the teachers.

Acknowledgment

I hereby acknowledge and accept the risks that are involved with my child participating in neighborhood walks. I assume responsibility for my Child's health, medical, dental and accident insurance coverage.

Name of student _____

Signature of parent _____

Date _____

Permission

I give my child _____ permission to participate in walking activities in the neighborhood within a 5 kilometer distance.

No thanks, I do not want _____ to participate on neighborhood walks.

Signature of parent _____

Date _____

Media Waiver

This waiver is to be signed upon registration and annually thereafter.

Child's Name: _____

I hereby give permission for Innisfil Montessori Academy to photograph my child:

1. For use within the school yes no
2. For use on the IMA website yes no
3. For the local papers yes no
4. On our Facebook Page yes no

_____ _____

Parents Signature Date

OR

I do not authorize Innisfil Montessori Academy to photograph my child.

Comments:

_____
_____
_____
_____

simcoe muskoka
DISTRICT HEALTH UNIT

Tel: 705-721-7520
Toll free: 1-877-721-7520
www.simcoemuskokahealth.org
Your Health Connection

Day Nursery Immunization History

FORM TO BE COMPLETED AT THE TIME OF REGISTRATION

Nursery School/Day Care operators are required by the *Day Nurseries Act, R.R.O. 1990 Reg. 262, s.33* to keep a record of immunization on each child enrolled in a program or the parent/guardians reason in writing as to why the child is not immunized. Please note that once your child attends school additional documentation is required under the *Immunization of School Pupils Act* if you choose not to immunize. Please contact the health unit to discuss your options.

Please complete the following section and attach a photocopy of your child's immunization record. A copy of this information will be given to and kept on file by the Simcoe Muskoka District Health Unit. Health unit staff will review immunization information on each child enrolled in a Nursery/Day Care program. If your child's immunization record is not complete you will be notified by the health unit.

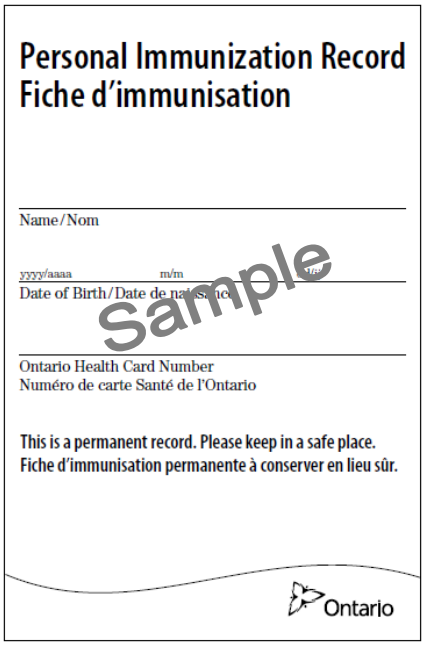
Immunization records are *NOT* automatically provided by your doctor. Please call the health unit or complete the secure electronic form on our website at www.simcoemuskokahealth.org/immsonline when your child receives an immunization so that their immunization record can be updated in our database.

Student Information

Date: _____
yyyy / mm / dd

Child's Surname:	
Given Name:	
Date of Birth: yyyy / mm / dd	☐ M ☐ F
Ontario Health Card Number:	
Parent / Guardian:	
Mailing Address:	
City:	Postal Code:
Phone (H):	Phone (W):
Current Preschool/Daycare:	
Previous Preschool/Daycare:	

Please attach a photocopy of your child's Immunization Record


Personal Immunization Record
Fiche d'immunisation

Name/Nom

yyyy/aaaa m/m
Date of Birth/Date de naissance

Sample

Ontario Health Card Number
Numéro de carte Santé de l'Ontario

This is a permanent record. Please keep in a safe place.
Fiche d'immunisation permanente à conserver en lieu sûr.

Ontario

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This information is collected under the authority of the *Health Protection and Promotion Act R.S.O 1990 c.H.7., s.4* and the *Day Nurseries Act R.R.O. 1990 Reg. 262, s.33.* The personal health information collected on this form will be used to maintain immunization records and to monitor the use of vaccines for public health purposes. Questions regarding the collection and use of personal health information should be directed to the Office of the Privacy Officer, Simcoe Muskoka District Health Unit, 15 Sperling Drive, Barrie ON L4M 6K9, 705-721-7520 or 1-877-721-7520.