

ENROLMENT FORM*

Student's Name: _____ Nickname: _____ Sex: _____

Home Address: _____ Telephone: _____

_____ D.O.B. _____
city province postal code day month year

Father's Name: _____ Cell Phone: _____

Home Address: _____ Home Phone: _____

_____ city province postal code

Work Address: _____ Work Phone: _____

_____ city province postal code email: _____

Mother's Name: _____ Cell Phone: _____

Home Address: _____ Home Phone: _____

_____ city province postal code

Work Address: _____ Work Phone: _____

_____ city province postal code email: _____

IN CASE OF EMERGENCY IF THE PARENTS CANNOT BE REACHED

1.Name: _____ Phone: _____ Relationship: _____

2.Name: _____ Phone: _____ Relationship: _____

ADULTS TO WHOM CHILD MAY BE RELEASED

1.Name: _____ Phone: _____ Relationship: _____

2.Name: _____ Phone: _____ Relationship: _____

PEDIATRIAN OR FAMILY DOCTOR

Name: _____ Health Card #: _____

Address: _____ Phone: _____

_____ city province postal code

SPECIAL INSTRUCTIONS REGARDING DIET, REST OR EXERCISE

PREVIOUS COMMUNICABLE DISEASES

_____ Date: _____
day month year

_____ Date: _____
day month year

_____ Date: _____
day month year

* also to be used as Emergency Information

ENROLMENT FORM*

PREVIOUS ILLNESS OR INJURY

TYPE: _____ Date of Occurrence: _____

TYPE: _____ Date of Occurrence: _____

SPECIAL MEDICAL CONDITIONS

RECORD OF IMMUNIZATION (CHOOSE ONE OF THE FOLLOWING)

PLEASE ATTACH A COPY OF RECORD OF IMMUNIZATION

OR

Date: _____ Diphtheria

Date: _____ Rubella

Date: _____ Pertussis

Date: _____ Mumps

Date: _____ Tetanus

Date: _____ Measles

Date: _____ Polio

Date: _____ TB Skin Test and Results

Medication to be administered regularly _____

Written instructions received _____

Special Diets _____

Written instructions received _____

Date Admitted: _____

Signature of Father: _____

Date Withdrawn: _____

Signature of Mother: _____

Date: _____

Signature of Physician: _____

CONSENT FORM

I hereby consent to let my child, _____, to be taken out of the school for periodic, well-supervised field trips. A copy of field trips will be sent home and will be posted on our bulletin board a week before the date of the event.

Also, if I cannot be immediately contacted, I consent for my child to be given the necessary care should an emergency arise resulting from an accident or illness while he/she is in the care on Elite Montessori School. I understand that the school will continue to contact me to discuss details of the emergency and any medical expenses incurred for such treatment are my responsibility.

Signature of Parent(s) / Guardian(s): _____

Date: _____

NUTRITION GUIDELINES FOR MEALS SENT TO SCHOOL

Mealtime at school is an important part of the day. Good nutrition promotes healthy growth and development, and a feeling of well-being. At Elite Montessori, our role is to ensure the students receive nutritious meals, learn good eating habits and develop healthy attitudes toward food.

If your child is to have meals provided from home the following guidelines are to be followed:

1. At least 1 serving of Grain Products are to be given at lunch
2. 2 servings of fruit and vegetables
3. 1 serving of Milk Products
4. 1 serving of Meat and Alternatives

Elite Montessori School also provides lunch and 2 nutritious snacks a day for Full Day students. If you would like to provide an additional snack for the before/after school program for your child, please ensure that the snack is nutritious and follows the Canadian Nutrition Food Guideline (please visit <http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php> for suggestions). **PLEASE NOTE THAT ELITE MONTESSORI SCHOOL IS A NUT FREE ENVIRONMENT AND WILL NOT PERMIT ANY NUTS OR NUT PRODUCTS INTO THE SCHOOL.**

All items must be stored in an isolated lunch bag with an icepack if necessary. **Please ensure that all AFTER SCHOOL snacks are pre-packaged with the ingredients listed in English (fruits and vegetables are permitted). All products/containers, as well as the lunch bag, must be labeled with your child's name.**

I _____, understand the nutritious guidelines for lunch/snack

for my child _____. I will provide a healthy meal for my child on a

daily basis and will follow these guidelines.

Signature of Parent/Guardian

Date

PERMISSION SLIP FOR PHOTOGRAPHING YOUR CHILD

From time to time we take pictures during School hours, Field Trips, Events etc. We would like your permission to use these pictures on our website, in our newsletter, on our Facebook page, in our year book and/or on our bulletin board. We may also publish some of the work that they do in the classroom. We will never sell these pictures; we will use them exclusively for Elite Montessori School's purposes. If you give your permission, the school may publish photographs of your child and/or samples of work done by your child in a variety of ways. The publications could include school newsletters (online and in hard copy), intranet websites, school yearbooks. If published, third parties would be able to view the photographs and work. Also, please note that if you check 'No' it would mean that individual pictures of your child will not be taken but may be used in groups of children.

Please take a moment to let us know your preferences regarding our use of photos of your children:

____ YES. I grant you permission to use photos/publish work of my child on Elite Montessori School's website, bulletin board, our yearbook and /or newsletter.

-OR-

____ NO. Please do NOT take or use any individual photos of my child.

Child(ren)'s Name(s) (PLEASE PRINT):

Parent/Guardian's Name (PLEASE PRINT):

Parent/Guardian's Signature: _____

Date: _____