

**Harwood Montessori School  
Application for Admission**

Date of Application: \_\_\_\_\_

**Student Information**

Student's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_ M/F

Student prefers to be called by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

First Language spoken at home: \_\_\_\_\_

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

**Parent/Guardian Information**

Mother's/Guardian's Name

Father's/Guardian's Name

\_\_\_\_\_  
Phone number if different than  
above

\_\_\_\_\_  
Phone number if different than  
above

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Address if different than above

\_\_\_\_\_  
Address if different than above

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Work Number

\_\_\_\_\_  
Work Number

\_\_\_\_\_  
Work Address

\_\_\_\_\_  
Work Address

**Authorized to PICK UP - Including Parents**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name Relationship Phone Number

\_\_\_\_\_  
Name Relationship Phone Number

\_\_\_\_\_  
Name Relationship Phone Number

**Alternate Person(s) to Contact in Case of Emergency**

\_\_\_\_\_  
Name Phone Number Address

\_\_\_\_\_  
Name Phone Number Address

Please notify the school if this list should change at any time.

**Family Information**

Please list your child's older and younger siblings.

Name \_\_\_\_\_ Date of Birth (dd/mm/yy) \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth (dd/mm/yy) \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth (dd/mm/yy) \_\_\_\_\_

Please list any names of other significant people in your child's life (grandparents, aunts, pets).

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

**Health Information**

Child's Health Care Number: MSP \_\_\_\_\_

Your Child's Doctor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address \_\_\_\_\_

Name of the Clinic: \_\_\_\_\_

### **Very Important Medical Information**

Does your child have any allergies? yes no

What are your child's allergies? \_\_\_\_\_

\_\_\_\_\_

If so, please provide us with a letter from your child's doctor stating that your Child requires an EPI PEN. This letter will be kept with your child's EPI PEN in the school's first aid basket. Please be sure to have all the other required information completed for your child's file.

Has your child been immunized and are his/her records up to date: \_\_\_\_\_

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

Are there any physical concerns we should know about your child?

\_\_\_\_\_

Are there any vision/hearing/ speech concerns?

\_\_\_\_\_

### **Academic Information**

Has your child attended any other Pre-school/childcare before? Yes No  
If so where?

\_\_\_\_\_

Do you have any specific academic or social goals in mind for your child regarding the next few years.

\_\_\_\_\_

\_\_\_\_\_

### **Eating and Nutrition**

We urge parents to pack healthy lunches. Please do not send fruit juice, soft drinks and/or candy with their child. We provide water at the centre and encourage the children to drink throughout the day. If the child is bringing

food in a container, we ask parents to pack their lunch in glass containers only. Your child must supply his/her own water bottle.

List your child's favourite foods:

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List any food your child allergic to:

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List any dislike foods or cannot eat:

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Please describe any particular eating patterns:

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### **Toileting**

Is your child toilet trained? Yes      No      Partially

Please indicate your child's frequency or patterns for bowel movements.

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Describe assistance needed for toileting

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What special words does your child use for:

Urination \_\_\_\_\_ Bowel Movements \_\_\_\_\_

### **Play and Group Experiences**

What are your child's favourite toys?

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What types of play activities does your child enjoy?

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How many hours per day does your child watch television?

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How does your child behave towards other children (feels shy, gentle, rough etc...)

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### **Emotional**

How does your child react when left with unfamiliar people, unfamiliar situations and unfamiliar environments?

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Does your child have any particular fears? Please describe.

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Please best describe your child's personality (e.g. happy, energetic, sympathetic, impulsive, good -natured).

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What suggestions do you have that might help the staff make your child's transitions into this program easier?

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Any additional information you would like to share with us.

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I understand that:

I cannot send my child to Preschool or Kindergarten or Full Daycare when he/she is ill. I give the staff permission to call my child's doctor or

ambulance in case of an emergency. If my child becomes ill during class I agree to have him/her picked up as soon as possible.

\_\_\_\_\_  
Parent's Signature

Field Trips:

I give permission for my child to take part in "walking field trips" near the school, whether pre-planned or spontaneous. I understand that I will be notified of all other field trips that require transportation. There will be proper paper consent forms for you to complete before your child is able to participate in any of our field trips.

\_\_\_\_\_  
Parent's Signature

**Contract and Tuition Agreement**

This agreement is made between Harwood Montessori and

\_\_\_\_\_, the parents of \_\_\_\_\_  
Parent's Name Child's Name

Scheduled Number of Days: \_\_\_\_\_ Half Days \_\_\_\_\_ Full Days \_\_\_\_\_

Days of the Week (circle): Monday Tuesday Wednesday Thursday Friday

Morning Classes: \_\_\_\_\_ Afternoon Classes: \_\_\_\_\_

Full Daycare: \_\_\_\_\_

Director of Admissions will notify your placement upon receiving this application. All information on this application form shall be considered private and confidential.

The Parents agree to pay Harwood Montessori the following fees:

A non-refundable deposit of \$100.00 for the registration fee. All cheques should be post dated for the first of every month being September through June. Also, I understand that one month's tuition is required for a deposit upon registration. This deposit will be applied to the last month's tuition. This deposit is required in order to hold a place for your child.

If for some reason your child needs to be withdrawn from Harwood Montessori, please give us 30 days written notice. We do expect payment for the month if your child is abruptly withdrawn from the school. We strive to be fair and seek your co-operation if this event should ever arise for you.

We are unable to adjust any fees. No portion of the fees paid will be refunded or cancelled in the event a student's absence.

I have read the information above and I understand and agree with this financial commitment.

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Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**OFFICE USE ONLY**

Date Received Complete: \_\_\_\_\_

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

Director of Admissions Signature \_\_\_\_\_

Follow-up: \_\_\_\_\_

Status: \_\_\_\_\_

Thank you for choosing Harwood Montessori  
Director of Admissions  
Stacey Robertson (AMI)