

CHESTERMERE MONTESSORI ACADEMY
Enlightening Minds - One Child at a Time
Application For Admission 2014 - 2015

CLASS TIME PREFERENCES: 8:00-11:00 Morning 11:30-14:30 Afternoon
 Every effort will be made to accommodate your choice, however priority will be given on a first-come first-serve basis.

STUDENT INFORMATION:

Last Name:	First Name:
Middle Name:	Goes by:
Date of Birth:	Boy[<input type="checkbox"/>] Girl[<input type="checkbox"/>]
Place of Birth:	Language spoken at home:
Fully Toilet Trained	Yes[<input type="checkbox"/>] No[<input type="checkbox"/>] Will be by first day of school[<input type="checkbox"/>]

Please note that Students must be fully toilet trained to attend CMA. If it is found that a student is not fully trained they may be asked to leave the program until the training process is completed. They will not lose their spot in the program as fees will continue to be paid.

Please provide a copy of your child's birth certificate.
Please provide proof of citizenship or residency status if born outside of Canada.

NAMES OF OTHER CHILDREN IN YOUR HOME:

Full Name:	Birth date:
Full Name:	Birth date:
Full Name:	Birth date:

PARENT INFORMATION:

Mother's Last Name:	First Name:
Middle Name:	Goes by:
Home Address:	
City:	Postal Code:
Home Phone:	Cell Phone:
Employer:	Work Phone:
Occupation:	

Email Address:	
Father's Last Name:	First Name:
Middle Name:	Goes by:
Home Address:	
City:	Postal Code:
Home Phone:	Cell Phone:
Employer:	Work Phone:
Occupation:	
Email Address:	

GUARDIAN INFORMATION:

Last Name:	First Name:
Middle Name:	Relationship to student:
Home Address:	
City:	Postal Code:
Home Phone:	Cell Phone:
Employer:	Work Phone:
Email address:	

EMERGENCY CONTACTS:

[1] Name:	Relationship to Student:
Home Phone:	Work Phone:
[2] Name:	Relationship to Student:
Home Phone:	Work Phone:

AUTHORIZATION FOR STUDENT PICK UP FROM CMA:

The following information is required in case of an emergency or unforeseen circumstances

[1] Legal Name:	Relationship to Student:
Home Phone:	Cell Phone:
Address:	
[2] Legal Name:	Relationship to Student:
Home Phone:	Cell Phone:
Address:	

Please note:

- **Students will only be released to an authorized person listed above.**
- **A parent's/guardian's written authorization for pick up must be received before a student is released to anyone not listed here .**
- **The school must be informed if someone other than a parent is to pick up the student.**

HEALTH INFORMATION:

Child's Provincial Health Care Number:
Doctor's Name:
Health Clinic:
Address:
Phone #:
Does your child have any diet restrictions?
Does your child require any special considerations regarding the following: If yes, please explain:
Physical:
Social/Behavioral:
Vision:
Hearing:
Is your child up to date on his/her immunization Yes[] No[]
Please Attach a Copy of your Child's (up-to-date) Immunization Card.

CHILDHOOD ILLNESSES OR INJURIES: (Please check all that pertain to your child and the dates)

Chicken Pox	Y[] N[]	Date:	Head Injury	Y[] N[]	Date:
Convulsions	Y[] N[]	Date:	Fractures	Y[] N[]	Date:
Whooping Cough	Y[] N[]	Date:	Bronchitis	Y[] N[]	Date:
Measles	Y[] N[]	Date:	Asthma	Y[] N[]	Date:
Ear Infections -frequent	Y[] N[]	Date:	Other:	Y[] N[]	Date:

HOSPITALIZATION:

Reason	Diagnosis	Date

MEDICATION INFORMATION: (Please check applicable box below):

My child takes medication on a daily basis: Yes[] No[] If yes, please explain.

ALLERGY INFORMATION: (Please check applicable box below):

My child has no allergies: Yes [] No[]

My child's allergies **ARE NOT LIFE THREATENING:** Yes[] No[]

My child's allergies **ARE LIFE THREATENING:** Yes[] No[]

He/She is allergic to:

Does your child require an EPI pen? Yes[] No[] If yes, Please provide a letter from your child's doctor stating this requirement.

****If your child suffers from life threatening allergies, it is essential that you complete the school's Allergy Information Form and personally inform your child's teacher. It is the parent's responsibility to provide guidance to the school with respect to the prevention and treatment of allergic reactions. Please ensure that the school office and your child's teacher have received specific instructions PRIOR to your child attending their first class.****

ADMINISTRATION OF MEDICATION TO STUDENTS:

In instances where it is absolutely necessary for children to take medication at the school, the Teacher must receive written parental consent and written instructions from the child's parent or physician.

The written instructions from the physician must include:

1. The length of time for which a medication is to be administered.
2. Required dosage.
3. Action taken in the event of possible side effects.
4. Prescription medication to be administered in the school must have the child's full name, name of the drug, dosage, expiration date, time to be administered, and the physician's name. The medication must be in its original container.

KINDERGARTEN COMPONENT:

I, _____ would like to register _____ in the
Parent/Guardian's Name (Printed) (Child's Name)

Alberta Learning recognized Kindergarten component.

I have attached the child's birth certificate showing his/her Canadian Citizenship. I/We the undersigned, understand that without the birth certificate CMA is not able to process the Kindergarten registration.

I, the undersigned, would like to request that _____ attend the AM [] PM [] session.
(Child's Name)

Parent/Guardian Declaration

I, the undersigned, hereby certify the foregoing information given is true, correct and complete and that I/We understand that signing below indicates that I/We have read and understand the information contained in this Registration Package.

Date

Parent/Guardian's Name (Printed)

Parent/Guardian (Signature)

FEE STRUCTURE FOR CHESTERMERE MONTESSORI ACADEMY:

- CMA Montessori Casa Fees

August	15, 2014	\$2500
October	15, 2014	\$2500
February	15, 2015	\$2500
Total		\$7500
- ANNUAL- NON REFUNDABLE ADMISSION and RESOURCE FEE: \$375/CHILD/YEAR
- *The above fees are required at time of enrollment.*
- *Chestermere Montessori Academy utilizes a Pre-authorized Debit program for all tuition fees.*
- *A \$100.00 NSF fee will be applied to cover any NSF transactions.*
- *Tuition fees are non-refundable.*

PLEASE ENCLOSE THE FOLLOWING WITH YOUR APPLICATION:

Filled all pages in the registration Package	[]	Signed and filled all the consent forms	[]
Copy of immunization records	[]	Summer interest letter	[]
Administration & Resource Fee	[]		

