

# Emerson Academy Student Registration Form



ACADEMIC YEAR <b>Sept 8, 2020 - June 25, 2021</b>
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Child's Starting Date: MM/DD/YYYY

\_\_\_\_/\_\_\_\_/\_\_\_\_

**STUDENT:**

Child's Surname:	Given Names:	Birth Date: dd/mm/yyyy	Sex:
Street Number & Address	City, Prov.	Postal Code:	Home Phone #: ( )

Previous School/Daycare attended:

**PARENT(S):**

<b>Mother's</b> Full Name: Address –city-postal code (If Different) :	Marital Status: Address (If Different):	Business Phone #: ( ) Cellular Phone #: ( ) Profession: Email Address:
Business Name and Location Annual household income: <input type="checkbox"/> up to \$75,000 <input type="checkbox"/> 75,000-100,000 <input type="checkbox"/> 100,000-150,000 <input type="checkbox"/> 150,000-200,000 <input type="checkbox"/> 200,000+	Business Name and Location: Annual household income:	Business Phone #: ( ) Cellular Phone #: ( ) Profession: Email Address:

**\*\*Custody Concerns:**  Yes  No *If yes, please attach legal documentation.*

**LANGUAGE:**

First Language of Student: \_\_\_\_\_ Language(s) Spoken at home: \_\_\_\_\_

**SIBLING(S)**

Full Name:	Age:	Daycare/School Attending:
1.		
2.		
3.		

**How Did You Learn About Our School?**

Newspaper/Magazine Ad  
  Bus Stop Billboard Ad  
  Other: \_\_\_\_\_  
 Website  
  Radio Ad  
 Online Search Engine (e.g. Google)  
  Personal Referral from: \_\_\_\_\_

**Emergency Contacts:**

Full Name:	Relationship to Child:	Home Phone #:	Business Phone #:
1.			
2.			

**Program Requirements and Payment Schedule:**

<input type="checkbox"/> Building Reading Readiness & Math Minds <input type="checkbox"/> Montessori Magic <input type="checkbox"/> Moving Forward with French	<input type="checkbox"/> 2 Mornings Per Week, T&Th, 9am-12pm <input type="checkbox"/> 3 Mornings Per Week, M,W,F 9am-12pm <input type="checkbox"/> 5 Mornings Per Week, MON-FRI 9am-12pm
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<input type="checkbox"/> Bilingual Toddler 18-30 Months      9:00 a.m. – 3:00 p.m. <input type="checkbox"/> Bilingual Casa (2.5-5 Years)      8:45 a.m. – 3:00 p.m. <input type="checkbox"/> Full French Immersion Early Elementary      8:45 a.m. – 3:00 p.m.	<b>COMPLIMENTARY EXTENDED CARE:</b> <input type="checkbox"/> 7:30 a.m. – 9:00 a.m. <input type="checkbox"/> 3:00 p.m. – 6:00 p.m. Approximate time of Drop off: _____ and Pick up: _____
<b>Payment Schedule (see admissions guide):</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<b>COMPLIMENTARY MEAL PLAN</b> <input type="checkbox"/> Hot, healthy lunch and two snacks daily <input type="checkbox"/> No thanks, I will provide my child's lunch

# Emerson Academy School Registration Form



Photograph of Child:

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

**Medical Information:**

Child's Physician's Name:	Physician's Address:	Phone #: (     )
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Child's Health Card # (optional):	<b>* Please provide us with a photocopy of child's IMMUNIZATION RECORD and BIRTH CERTIFICATE.</b>
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*Please answer the following questions accurately, and provide us with as many details as possible so that we can help your child to thrive.*

**Does Your Child Have:**

1. A Social or Emotional Condition?  Yes  No  
 If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

2. A Condition or Behaviour that would require special attention or a special diet?  Yes  No  
 If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

3. Has student previously received Special Education support?  Yes  No | Type of Program: \_\_\_\_\_

4. A Physical Condition?  Yes  No  
 If Yes, please explain: \_\_\_\_\_

5. Allergies?  Yes  No If Yes, please describe symptoms and emergency procedure: \_\_\_\_\_

6. A history of a communicative disease?  Yes  No  
 If Yes, please submit a separate letter from your doctor with an explanation prior to the child's first day of school

Tuberculin Test Date and Results:  Negative  Positive

Please list any hobbies, habits, likes, dislikes, concerns or special interests that your child has and you would like us to know about:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

➤ I understand that all information given to Emerson Academy is kept for the sole purpose of the school. Emerson Academy does not release any personal information of its students unless waiver/permission has been given by the parents.

Parent/Guardian's Signature(s): _____	Parent/Guardian's Signature(s): _____
Name (Please Print) _____	Name (Please Print) _____
Date: _____	Date: _____

**PARENTAL PERMISSION/WAIVERS**

**MEDICAL**

I, \_\_\_\_\_ the Parent/Guardian of \_\_\_\_\_, understand that in the event of an accident or illness occurring to my child, Emerson Academy staff will make every attempt to contact me and/or my spouse. If however, I or my spouse cannot be reached, I hereby give Emerson Academy, it's directors, officers, agents, employees and volunteers the authority to act on my behalf in case of an emergency and to take appropriate steps to have a doctor attend to my child.

I also agree to release and indemnify Emerson Academy, its directors, officers, agents, volunteers and employees from any and all claims for damages arising from any injury or otherwise related actions to my child as a result of an accident, illness, injury or for any other reason arising from participation in any school activities.

**PHOTOGRAPHY/VIDEOGRAPHY**

I, \_\_\_\_\_, the Parent/Guardian of \_\_\_\_\_, Do \_\_\_/Do Not \_\_\_\_\_ authorize Emerson Academy to use \_\_\_\_\_'s picture for school educational, promotional and/or fundraising purposes, which may include but are not limited to, newsletters, print newspapers, magazines, signage, Emerson Academy website, social media pages, promotional videos, program brochures, posters, or other public displays. I further authorize Emerson Academy to use my comments/feedback/anecdotes in these communications from time to time.

**FIELD TRIPS**

I, \_\_\_\_\_ the Parent/Guardian of \_\_\_\_\_, give permission to the staff of Emerson Academy to take my child on all short walking trips (weather permitting) conducted to and from local parks, libraries and playgrounds. I understand that my child will be escorted and supervised by the staff at Emerson Academy at all times while participating in these activities.

**CODE OF CONDUCT**

I, \_\_\_\_\_ the Parent/Guardian of \_\_\_\_\_, have read Emerson Academy's Code of Conduct and have discussed it with my child.

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



## Code of Conduct

At Emerson Academy, each child is respected as a unique individual. As educators, our role is to help children develop and maintain a high self-esteem while facilitating a positive learning environment inside and outside of the Montessori classroom.

Our school's **code of conduct** holds that Emerson Academy educators, students and campers alike are all expected and encouraged to

- be honest, fair, polite and responsible
- help others, and make the school a safe and positive and inviting place for all.
- look after their possessions, other individuals' possessions, and the school's possessions with care and attention.
- communicate feelings effectively - never using aggressive words or behaviours
- take the time to address difficult situations or difficult individuals in a positive manner, and to involve a teacher/staff member to help discuss the issue or concern in order to resolve the situation amicably where necessary.

Every staff member makes a conscious effort to focus on the positive side of discipline. Our disciplinary practices are based on empathy and respect for children and their parents. School administration and/or the Head of School will become involved when major disciplinary action is required as a result of repeated or severe breaches of the code of conduct. In such cases, there may be consultation with Emerson Academy faculty/staff, parents/guardians or other students, as deemed necessary. In all cases, procedural fairness will be exercised, but at no time will derogatory language, inappropriate behavior, or aggressive acts by any parent, child or staff member be tolerated.