

# Toronto French Montessori School Registration Form



|                          |                           |
|--------------------------|---------------------------|
| <input type="checkbox"/> | <b>STOUFFVILLE CAMPUS</b> |
|--------------------------|---------------------------|

**STUDENT:**

|                  |              |                               |      |
|------------------|--------------|-------------------------------|------|
| Child's Surname: | Given Names: | Birth Date: <i>dd/mm/yyyy</i> | Sex: |
|------------------|--------------|-------------------------------|------|

|                         |            |              |                      |
|-------------------------|------------|--------------|----------------------|
| Street Number & Address | City-Prov. | Postal Code: | Home Phone #: (    ) |
|-------------------------|------------|--------------|----------------------|

**PARENT(S):**

|                     |                 |                          |
|---------------------|-----------------|--------------------------|
| Mother's Full Name: | Marital Status: | Business Phone #: (    ) |
|---------------------|-----------------|--------------------------|

|                          |              |                          |
|--------------------------|--------------|--------------------------|
| Address (If different) : | Postal Code: | Cellular Phone #: (    ) |
|--------------------------|--------------|--------------------------|

|               |             |
|---------------|-------------|
| Business Name | Profession: |
|---------------|-------------|

|          |              |                |
|----------|--------------|----------------|
| Address: | Postal Code: | Email Address: |
|----------|--------------|----------------|

|                     |                 |                          |
|---------------------|-----------------|--------------------------|
| Father's Full Name: | Marital Status: | Business Phone #: (    ) |
|---------------------|-----------------|--------------------------|

|                         |              |                          |
|-------------------------|--------------|--------------------------|
| Address (If Different): | Postal Code: | Cellular Phone #: (    ) |
|-------------------------|--------------|--------------------------|

|                |             |
|----------------|-------------|
| Business Name: | Profession: |
|----------------|-------------|

|          |              |                |
|----------|--------------|----------------|
| Address: | Postal Code: | Email Address: |
|----------|--------------|----------------|

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

**LANGUAGE:**

First Language of Student: \_\_\_\_\_ Language 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
  Radio Ad
  Online Search Engine (e.g. Google) \_\_\_\_\_

Other: \_\_\_\_\_
  Personal Referral : \_\_\_\_\_

**Emergency Contacts: (If Parents are Unavailable)**

|            |                        |               |                   |
|------------|------------------------|---------------|-------------------|
| Full Name: | Relationship to Child: | Home Phone #: | Cellular Phone #: |
| 1.         |                        |               |                   |
| 2.         |                        |               |                   |
| 3.         |                        |               |                   |

**Person/People To Whom Child May Be Released To:**

|            |                        |
|------------|------------------------|
| Full Name: | Relationship to Child: |
| 1.         |                        |
| 2.         |                        |
| 3.         |                        |

**Program Preferred:**

|  |  |
|--|--|
| <p><b>10 month program (September to June)</b></p> <p><input type="checkbox"/> Casa / Pre-Casa 5 Full Days                      9:00 a.m. – 3:30 p.m.</p> <p><input type="checkbox"/> Casa / Pre-Casa 5 Half Days (Mornings)        9:00 a.m. - 11:30 a.m.</p> <p><input type="checkbox"/> Casa / Pre-Casa 5 Half Days (Afternoons)      1:00 p.m. – 3:30 p.m.</p> | <p><b>BEFORE/AFTER SCHOOL CLUB:</b></p> <p><input type="checkbox"/> 7:30 a.m. – 9:00 a.m.</p> <p><input type="checkbox"/> 8:00 a.m. – 9:00 a.m.</p> <p><input type="checkbox"/> 3:30 p.m. – 5:00 p.m.</p> <p><input type="checkbox"/> 3:30 p.m. – 6:00 p.m.</p> <p>Approximate time of Drop off: _____ and Pick up: _____.</p> |
|--|--|

# Toronto French Montessori School Registration Form

## For the Academic Year: 20\_\_\_\_ / 20\_\_\_\_



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

|                      |
|----------------------|
| Photograph of Child: |
|----------------------|

|                             |                      |  |                  |
|-----------------------------|----------------------|--|------------------|
| <b>Medical Information:</b> |                      |  |                  |
| Child's Physician's Name:   | Physician's Address: | Postal Code:   | Phone #: (     ) |
| Child's Health Card #:      |                      | <b>*Please Provide TFMS with a Photocopy of Child's Immunization Card.</b> |                  |

*Please answer the following questions accurately, and provide TFMS with as many details as possible.*

**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?  No  Yes\*  
 Allergy: \_\_\_\_\_  
*If Yes, please pick up a special allergy form from our Reception Office; complete and return it with your application form.*

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

***If TFMS is not provided with accurate details, TFMS, their agents and employees, cannot be held responsible and most hold the parents liable if a child has an allergic reaction.***

Tuberculin Test Date and Results: (optional, please refer to family physician)  Negative  Positive

Please list any hobbies or special interests your child may have:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I authorize **Toronto French Montessori School** to contact the previous school(s) to confirm no fees are owing from our previous school(s).  
 Previous School/Daycare attended: (Including Previous Academic Level)  
 \_\_\_\_\_

➤ I understand that all information given to the Toronto French Montessori School is kept for the sole purpose of the school. TFMS does not release any personal information of its students unless permission has been given by the parents.

Child's Starting Date at TFMS: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: 20\_\_\_\_

Parent/Guardian's Signatures: \_\_\_\_\_ Date: \_\_\_\_\_



### TFMS MEDICAL WAIVER

I, \_\_\_\_\_, the Parent of \_\_\_\_\_, understand that in the event of an accident or illness occurring to my child, the Toronto French Montessori School will make every attempt to contact me and/or my spouse. If however, I or my spouse cannot be reached, I hereby give the Toronto French Montessori School, its directors, officers, agents and employees 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 the Toronto French Montessori School, its directors, officers, agents 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.

### TFMS PHOTOGRAPHIC WAIVER

I, \_\_\_\_\_, the Parent of \_\_\_\_\_, authorize my child's photographs to be used for school activities and school event purposes only, including the TFMS Yearbook and monthly newsletters.

I do \_\_\_\_/do not \_\_\_\_\_ authorize the Toronto French Montessori School to use \_\_\_\_\_'s picture for school advertising, such as on the TFMS website, local newspapers, and local magazines.

I have read and understood the above waivers.

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