



2004/2005 School Year Application for Admission

Welcome to **Art of Life Nursery and Montessori School (ANMS)**.
 17665 Leslie St. Unit 18, Newmarket, Ontario. L3Y 3E3 Tel#: 905 953-8898

FOR OFFICE USE ONLY	
First Name :	Last Name:
Date of Birth: (mm/dd/yy)	Date of Admission:
	Date of Discharge:

Admission Procedure

KINDLY ATTACH THE FOLLOWING TO THE APPLICATION:

- Copy of child's health card (a photocopy will be adequate)
- Immunization form (attach a photocopy of the student's immunization records)
- Most recent report card of your child's last attended school (if applicable)
- Copies of documentation of any physical or medical conditions (medical reports, doctor's notes) including specific, detailed instructions on administering any medication taken by your child (if applicable)
- Registration fee of \$100.00 per child. This non-refundable fee applies to NEW students.
- Last Month Deposit.
- Please make cheques payable to "Art of Life Nursery and Montessori School" and write your child's name on the back of every cheque).

STUDENT INFORMATION

Last name: _____	First name: _____
Home address: _____	
City/Town: _____	Province: _____ Postal Code: _____
Home phone:(____) _____	Date of Birth: _____ Sex: Male/ Female
Language(s) spoken at home: _____	
Name of previous school/daycare: _____	



PARENT GUARDIAN INFORMATION – MOTHER

Last name:_____	First name:_____
Address:_____	Home Phone:(____)_____
Occupation:_____	Work Address: _____
Mobile Phone :	Work Phone:

PARENT / GUARDIAN INFORMATION - FATHER

Last name:_____	First name:_____
Address:_____	Home Phone: (____)_____
Occupation:_____	Work Address: _____
Mobile Phone:	Work Phone:

SIBLING INFORMATION:

1) Name:_____	School:_____	Age:_____	Grade:_____
2) Name:_____	School:_____	Age:_____	Grade:_____

EMERGENCY CONTACT INFORMATION

Please list the names of **two persons other than the parents or guardians** who may be contacted in the event of an emergency.

PRIMARY EMERGENCY CONTACT

Name:_____	Relation to child:_____
Address: _____	Home Phone:(____)_____
Work Phone:(____)_____	Mobile Phone:_____



SECONDARY EMERGENCY CONTACT

Name: _____	Relation to child: _____
Address: _____	Home Phone:(____) _____
Work Phone: _____	Mobile Phone: _____

PICKUP CONTACT INFORMATION

Please list the names of **two persons other than the parents or guardians** who are authorized to pick up your child/children from school.

PRIMARY PICK-UP CONTACT

Name: _____	Relation to child: _____
Home Address: _____	Home Phone:(____) _____
Work Phone:(____) _____	Mobile:(____) _____

SECONDARY PICK-UP CONTACT

Name: _____	Relation to child: _____
Home Address: _____	Home Phone:(____) _____
Work Phone: (____) _____	Mobile:(____) _____

HEALTH INFORMATION

Child's Health Card Number: _____ Family Doctor: _____

Doctor's Phone:(____) _____ Address:(____) _____

Please list any Allergies and/or Religious Dietary Restrictions:



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Blood Type: _____

Your child will be taken to the nearest hospital in the case of an emergency, unless otherwise stated. Please state any special requests.

CONTINUED HEALTH INFORMATION

Please indicate any social, emotional or medical conditions your child has:

Is your child being administered medication on a regular basis? Yes / No

If yes, please provide details:

Does your child have any physical limitations that would prevent participation in sports and other related physical activities? Yes / No

If yes, please provide details:

Please provide any other health information that may be helpful to us:



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SURVEY

We are appreciative of your interest in Art of Life Nursery and Montessori School and we would like to ask you to kindly fill out this survey. How did you hear about A.N.M.S.?

Why have you chosen Montessori Education for your child?

List in order of importance, reasons that most influenced your decision to enroll your child at Art of Life Nursery and Montessori School.

1. _____ Other: _____
2. _____
3. _____



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Terms of Contract

1. A child will be considered accepted into the school when a completed and signed enrolment form as well as all post dated cheques for the full year and the deposit in advance of the last month's fees has been submitted.
2. All new applicants must pay a \$100.00 registration fee that is non-refundable.
3. The last month's deposit is non-refundable after April 1st.
4. There are no refunds or deduction in fees for days the school is closed, holidays, sick days or mid-month withdrawals throughout the school year.
5. Written notice of student's withdrawal must be received one month in advance of intended date of withdrawal. Post-dated cheques will be returned, and unused Pre-paid tuition will be refunded less pro-rated time of attendance based on the regular monthly fee.

I understand and agree to abide by the terms of this contract and to comply with the rules and regulations of the Art of Life Nursery and Montessori School.

Signature of Parent/Guardian _____

Date: _____