



Registration / Enrolment Form

Name of Child (Last)	First	Middle
Preferred Name	Date of Birth (MM/DD/YYYY)	Age Today
Home Address Street	City / Province / Postal Code	Gender Male Female
Requested Enrolment Date (MM/DD/YYYY)	How did you hear about us?	
Program Time Regular (8.30 am – 3.30 pm) Extended (7.15 am – 6.00 pm)	Referred by	

FOR OFFICE USE ONLY						
Date of Actual Enrolment (MM/DD/YYYY):			Date of Withdrawal (MM/DD/YYYY):			
Program: Summer Camp (Select if only attending Summer Camp. Program Class below does not apply.)						
Program Class:	Infant	Toddler	Pre-School	JK/SK	Elementary	French-Immersion
APPLICATION PROCESS The following is a checklist to expedite the application process: A completed application. Registration Fee of \$300 (for Private School Only) - Cheques made payable to Sunrise Montessori School - EMT to account@sunrisemontessori.ca Visitation and Personal Interview.				Cheque Received: _____ EMT Received: _____ Please remember that your requested enrolment date at the time of application is guaranteed subject to availability. A registration fee (\$300) for Private School only, plus a security deposit is due upon enrolment. The deposit is refundable based on a TWO months written notification of withdrawal at which time it will be applied to the last month's tuition fee.		

FAMILY DATA *	<i>If Parents are separated or divorced, please indicate with whom the child is living with. If there are custody, and/or access issues, legal documentation must be provided to the office.</i>	
PARENT #1 (First and Last Name):		
Is your current home address different from child?	I confirm my Home Address is the same as child	
Home Address:		
City / Province / Postal Code:	Mobile Phone:	
Email:	Home Phone:	
Employer Name:	Occupation:	Work Phone:
Work Address:	City / Province / Postal Code:	

PARENT #2 (First and Last Name):		
Is your current home address different from child?	I confirm my Home Address is the same as child	
Home Address:		
City / Province / Postal Code:	Mobile Phone:	
Email:	Home Phone:	
Employer Name:	Occupation:	Work Phone:
Work Address:	City / Province / Postal Code:	

*** In the event of an emergency, every effort will be made to contact listed family members and emergency contacts.**

SIBLINGS

Sibling Name:	Age:
Sibling Name:	Age:
Sibling Name:	Age:

Failure to disclose all or any information requested in this application will automatically void this application. Sunrise Montessori School's open admission and hiring policies do not discriminate on the basis of race, sex, ethnic origin, or similar factors. Applicants of all races, and creed are welcomed at Sunrise Montessori School.

Refund Policy

Parents who wish to withdraw their child from any of the programs must provide written notice to the Principal sixty (60) days before their intended withdrawal date. Withdrawals with or without notice, and sudden departures are treated the same and are required to pay full fees for the two months following the date of notification / departure / withdrawal.

Disclaimer

In the event where a child and/or parent is unable to participate in the planned activities (e.g. field trips, school events, etc), due to sudden illness, or any unforeseen circumstances, there will be **NO REFUND** if we do not receive written notice two (2) weeks prior to the actual activity date.

NO REFUND will be issued for non-attendance of pre-registered PA (Professional Activity) Day, Winter Break, Spring Break, and Parent Interview Days. We will follow the guidelines of YRSB (York Region School Board) regarding school closure due to inclement weather.

We understand and abide by the policies above.

Parent #1 Initial

Parent #2 Initial

EMERGENCY CONTACTS * Child's Name:**DOB (M/D/Y):**

EMERGENCY Contact #1 (First and Last Name):	Relationship to Child:
Address / City / Province / Postal Code:	
Mobile Phone:	Alternate Telephone:
EMERGENCY Contact #2 (First and Last Name):	Relationship to Child:
Address / City / Province / Postal Code:	
Mobile Phone:	Alternate Telephone:

EMERGENCY CONTACTS * (Other than Mom and Dad)

EMERGENCY Contact #3 (First and Last Name):	Relationship to Child:
Address / City / Province / Postal Code:	
Mobile Phone:	Alternate Telephone:
EMERGENCY Contact #4 (First and Last Name):	Relationship to Child:
Address / City / Province / Postal Code:	
Mobile Phone:	Alternate Telephone:

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DROP OFF / PICK UP	Please list the individuals (other than Mom and Dad) and who are authorized to drop off and/or pick up your child		
Not Applicable -- ONLY Mom and/or Dad are the authorized drop off and pick up persons.			
Full Name:	Mobile Phone:	Relationship to Child:	ID Attached
Full Name:	Mobile Phone:	Relationship to Child:	ID Attached

HEALTH AND MEDICAL INFORMATION

Family Doctor (First and Last Name):	Telephone:	Extension:
Work Address:	City / Province / Postal Code:	
Child's Health Card Number	Child's Immunization Card Copy Attached	Epi-Pen Required: Yes No Not Applicable

Please indicate if child experiences or has experienced any of the following:

	Yes	No	Unsure	Details
Behaviour				
Seizures				
Vision/Hearing Difficulties				
Mobility Difficulties				
ADHD				
Asthma				
Diabetes				
Dietary Restrictions				

Allergy (please tick whichever is applicable):
 Not Applicable Nuts Food Bee Stings Latex Medication Others (List):

Photography / Video Release Waiver

As a parent/guardian of this student, I consent to the use of photographs/video taken during the course of the school year for publicity, promotional and/or educational purposes (including school year book, publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use and/or for damages.

YES. I give consent to Sunrise Montessori School to photograph/videotape my child for in-house school purposes only.

NO. I do not authorize Sunrise Montessori School to photograph/videotape my child for any event.

Lotion / Ointment Consent

I hereby consent to the application of the following non-prescribed lotion/ointment on my child by the school. I understand that I will provide and label the product(s) that I wish to be used on my child.

Sunscreen Lip Ointment Diaper Cream Hand/Skin Lotion Hand Sanitizer Insect Repellant Others:

Communicable Diseases Declaration

I hereby confirm that my child does NOT have any form of communicable diseases.

YES. My child has no known communicable diseases.

NO. Please list clearly. For e.g. COVID-19, Hepatitis A/B, Mumps, Chickenpox, Pinkeye, etc. List here:

ClassDojo Participation

ClassDojo is a communication app used to share reports between parents and teachers. I hereby release Sunrise and its representatives from all claims arising from any e-hackers howsoever occurred, which are caused by or arise from participation in the ClassDojo Program (e.g. classdojo.com).

YES NO Parent #1 Email:

Parent #2 Email:

Consent to Obtain Emergency Medical Care on Behalf of the Child

I hereby grant permission for the operator, or designate, of this childcare centre to take whatever steps necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian
2. Attempt to contact the child's physician
3. Attempt to contact the emergency contact person

If we cannot contact the parent or guardian, the child's physician or an emergency contact person, we will do any or all of the following:

1. Call another physician
2. Call an ambulance
3. Have the child taken to the emergency department of the hospital, in the company of a staff member

Any expenses incurred under circumstances listed above will be borne by the child's family.

YES. I hereby grant Sunrise Montessori permissions to deal with emergency situations.

Please save as fillable PDF form and email to office@sunrisemontessori.ca to verify all fields are filled according to the Ministry's requirements.

Parent / Guardian Full Name:

Parent / Guardian Signature:

Date:

Parent / Guardian Full Name:

Parent / Guardian Signature:

Date: