



## Child's Information

Male     Female

Family name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_  
No / Street / Apt. No

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel.: \_\_\_\_\_

Child residing with     Mother & Father     Mother     Father

Date of Birth \_\_\_\_\_ Age on Sept. 30th \_\_\_\_\_  
Day / Month / Year

Has your child attended daycare previously?     Yes     No

Child's spoken language     French     English     Other \_\_\_\_\_

Child's understood languages     French     English     Other \_\_\_\_\_

Is your child a vegetarian     No     Yes

If yes, please specify what your child does not eat:     Meat     Chicken     Fish     Other \_\_\_\_\_

## Father's information

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_  
No / Street / Apt. No

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel.: \_\_\_\_\_ Cell \_\_\_\_\_ Work / Other \_\_\_\_\_

Email \_\_\_\_\_

## Mother's Information

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_  
No / Street / Apt. No

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel.: \_\_\_\_\_ Cell \_\_\_\_\_ Work / Other \_\_\_\_\_

Email \_\_\_\_\_

Starting Date \_\_\_\_\_  
Day / Month / Year

\*\*\* I understand that I am responsible to commit to this start date  
and for all payments from this start date onwards. \*\*\*

\_\_\_\_\_  
Initial Parent

Ending Date: **August** (re-registration every January for the following year)

\_\_\_\_\_  
Signature of Parent

WIMA



## Daycare required

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> AM / <input type="checkbox"/> PM	<input type="checkbox"/> AM / <input type="checkbox"/> PM	<input type="checkbox"/> AM / <input type="checkbox"/> PM	<input type="checkbox"/> AM / <input type="checkbox"/> PM	<input type="checkbox"/> AM / <input type="checkbox"/> PM

\*Full Time ONLY

Is there any judicial decision concerning the custody of the child?  No  Yes

## Person responsible for the child (if other than the parents)

Family name \_\_\_\_\_ First name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_  
No / Street / Apt. No

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel.: \_\_\_\_\_

## Medical history of the child

Does the child suffer from an illness?  No  Yes, identify precisely \_\_\_\_\_

Does the child suffer from an allergy?  No  Yes, identify precisely \_\_\_\_\_

Does the child suffer from a handicap?  No  Yes, identify precisely \_\_\_\_\_

Must the child take some medication on a regular basis?  No  Yes

If so, identify precisely \_\_\_\_\_

Please fill out the emergency sheet hereby included. Please note that teachers employed by the Montessori Academy will not administer any medication to children without receiving a letter signed by both parents, indicating that neither the teacher nor the West Island Montessori will be held responsible in any way for the administration of such medication.

\*\*\* I hereby authorized the Montessori Academy to take all necessary steps concerning my child's health in case of any emergency. \*\*\*

\_\_\_\_\_  
Initial Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
WIMA

Please fill out completely even if information might be repeated, form is placed in different file.

## Child's Information

Family name \_\_\_\_\_ First name \_\_\_\_\_  
 Address \_\_\_\_\_  
No / Street / Apt. No  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age on Sept. 30th \_\_\_\_\_  
Day / Month / Year

## Father's information

Family Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Tel.: \_\_\_\_\_ Cell \_\_\_\_\_ Work / Other \_\_\_\_\_

## Mother's Information

Family Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Tel.: \_\_\_\_\_ Cell \_\_\_\_\_ Work / Other \_\_\_\_\_

## Persons authorized to pick up child

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
No / Street / Apt. No / City

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
No / Street / Apt. No / City

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
No / Street / Apt. No / City

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
No / Street / Apt. No / City

## Person to call in case of an emergency, if parent/guardian cannot be reached

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
No / Street / Apt. No / City

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
No / Street / Apt. No / City



We, the parents/guardian of \_\_\_\_\_  
Child's Name

\*\*\* Understand that in case of an emergency, West Island Montessori Academy will call 911 first, and then notify the parents or guardian. \*\*\*

\_\_\_\_\_  
Initial Parent

\_\_\_\_\_  
Signature of Parent / \_\_\_\_\_  
WIMA

**In case of a severe injury, the child will be taken by 911 (ambulance) to the nearest hospital.**

Name of the child's pediatrician \_\_\_\_\_

Address of clinic \_\_\_\_\_  
No / Street / Apt. No

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel.: \_\_\_\_\_

## Person to call in case of an emergency, if parent/guardian cannot be reached

Family name \_\_\_\_\_ First name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Tel.: \_\_\_\_\_  
No / Street / Apt. No / City

Family name \_\_\_\_\_ First name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Tel.: \_\_\_\_\_  
No / Street / Apt. No / City

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

## Releve 24 Tax Receipt

**Please provide the following information so that our accounting department will know who to issue the Releve 24 tax receipt for the yearly tuition.**

Name of person claiming the **yearly** tuition \_\_\_\_\_

Social Insurance Number of person claiming the **yearly** tuition \_\_\_\_\_

Address of person claiming the **yearly** tuition \_\_\_\_\_  
No / Street / Apt. No

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

# Permission form

## Photo Permission

I, \_\_\_\_\_ authorize the West Island Montessori Academy to use pictures of my child \_\_\_\_\_.

Your child's photo(s) may be used on our website, cards, banners, school's outdoor window signage, brochures, Montreal Family newspapers and/or any advertising purpose.

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

Relationship to child \_\_\_\_\_

Witness \_\_\_\_\_ print name / Witness \_\_\_\_\_ signature

\_\_\_\_\_  
 Date

## Handbook Agreement

I confirm that I have read through the handbook and agree with all of the West Island Montessori policies.

\_\_\_\_\_/\_\_\_\_\_  
 Signature of Parent / Date

## Field Trip Release

I give permission to my child to participate in all the field trips organized by the West Island Montessori Academy.

\_\_\_\_\_/\_\_\_\_\_  
 Signature of Parent / Date

## Playground Release

I give permission to my child \_\_\_\_\_, to go in the West Island Montessori playground.

\_\_\_\_\_/\_\_\_\_\_  
 Signature of Parent / WIMA

\_\_\_\_\_  
 Date

## Park Release

I AUTHORIZE my child \_\_\_\_\_ , to participate in all trips to the park organized by the West Island Montessori Academy.

I, \_\_\_\_\_ , am aware that they will either be at the Parc du Belvédère, Parc Louise-Deschênes or Parc des Bénévoles.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

---

Please indicate how you heard of our pre-school? Place a check mark next to the option that best describes your situation.

- Word of mouth
- You know someone in the pre-school
- Internet
- Flyer advertisement
- You saw our school from the outside
- You know of us because you live in the neighborhood