



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



Information in case of emergency

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