

White Pines Montessori Academy

APPLICATION FOR ADMISSION

Student's Name: _____ Phone: _____
Address: _____ Date of Birth: ____/____/____

Application For:

____ Toddler Full Day
____ Casa Morning ____ Casa Afternoon ____ Casa Full Day

Father's Name: _____ Cell Phone: _____

Home Address: _____ Home Phone: _____
_____ email: _____

Work Address: _____ Work Phone: _____
_____ email: _____

Mother's Name: _____ Cell Phone: _____

Home Address: _____ Home Phone: _____
_____ email: _____

Work Address: _____ Work Phone: _____
_____ email: _____

Siblings:

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

ENROLMENT FORM

Student's Name: _____ Nickname: _____ Sex: _____

Home Address: _____ Telephone: _____

_____ city province postal code

D.O.B. _____ day month year

Father's Name: _____ Cell Phone: _____

Home Address: _____ Home Phone: _____

_____ city province postal code

Work Address: _____ Work Phone: _____

_____ city province postal code

email: _____

Mother's Name: _____ Cell Phone: _____

Home Address: _____ Home Phone: _____

_____ city province postal code

Work Address: _____ Work Phone: _____

_____ city province postal code

email: _____

IN CASE OF EMERGENCY IF THE PARENTS CANNOT BE REACHED

1.Name: _____ Phone: _____ Relationship: _____

2.Name: _____ Phone: _____ Relationship: _____

ADULTS TO WHOM CHILD MAY BE RELEASED

1.Name: _____ Phone: _____ Relationship: _____

2.Name: _____ Phone: _____ Relationship: _____

3.Name: _____ Phone: _____ Relationship: _____

4.Name: _____ Phone: _____ Relationship: _____

PEDIATRICIAN OR FAMILY DOCTOR

Name: _____

Address: _____ Phone: _____

SPECIAL INSTRUCTIONS REGARDING DIET, ALLERGIES, REST OR EXERCISE

In the event I can't be reached, I give permission for my child to receive treatment: Yes No

Parent Signature: _____ Date: _____

ENROLMENT FORM

PREVIOUS ILLNESS OR INJURY

TYPE: _____ Date of Occurrence: _____

TYPE: _____ Date of Occurrence: _____

SPECIAL MEDICAL CONDITIONS

RECORD OF IMMUNIZATION (CHOOSE ONE OF THE FOLLOWING)

PLEASE ATTACH A COPY OF RECORD OF IMMUNIZATION

OR

Date: _____ Diphtheria

Date: _____ Rubella

Date: _____ Pertussis

Date: _____ Mumps

Date: _____ Tetanus

Date: _____ Measles

Date: _____ Polio

Date: _____ TB Skin Test and Result

PREVIOUS COMMUNICABLE DISEASES

Date: _____

Date: _____

Medication to be administered regularly _____

Written instructions received _____

Special Diets _____

Written instructions received _____

Date Admitted: _____ Signature of Father: _____

Date Withdrawn: _____ Signature of Mother: _____

Date: _____ Signature of Physician: _____



CONSENT FORM

I hereby consent to let my child, _____, to be taken out of the school for periodic, well-supervised field trips. A copy of field trips will be sent home and will be posted on our bulletin board a week before the date of the event.

Also, if I cannot be immediately contacted, I consent for my child to be given the necessary care should an emergency arise resulting from an accident or illness while he/she is in the care of White Pines Montessori Academy. I understand that the school will continue to contact me to discuss details of the emergency and any medical expenses incurred for such treatment are my responsibility.

Signature of Parent(s) / Guardian(s): _____

Date: _____



CONSENT FORM FOR TAKING PHOTOS

I _____ authorize the teachers and the school to take pictures of my child _____ for school purposes. This includes but not limited to year book, class trips, and class activities.

Parent's Signature: _____

Date: _____



NUTRITION GUIDELINES FOR MEALS SENT TO SCHOOL

Mealtime at school is an important part of the day. Good nutrition promotes healthy growth and development, and well-being. At White Pines Montessori, our role is to ensure the students receive nutritious meals, learn good eating habits and develop healthy attitudes toward food.

If your child is attending the before and/or afterschool program (s) please keep in mind the Canada Nutrition Food Guide when packing your child's snack. Make sure your child has grain products, fruits and vegetables. Dairy or milk products, such as yogurt and cheese are also welcome. Please keep in mind that all items must be stored in an isolated lunch bag with an ICEPACK inside. Please visit <http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php> for suggestions.

White Pines Montessori provides lunch and 2 nutritious snacks a day for full time students and 1 snack for half day students. Our lunch is catered by Princess Pea Catering.

PLEASE NOTE THAT WHITE PINES MONTESSORI IS A NUT FREE ENVIRONMENT AND WILL NOT PERMIT ANY NUTS OR PRODUCTS THAT HAVE BEEN IN CONTACT WITH NUTS INTO THE SCHOOL.

I _____, understand the nutritious guidelines for snack for my child _____. I will provide a healthy snack for my child on a daily basis and will follow these guidelines.



SPECIAL DIETARY AND FEEDING ARRANGEMENTS

Based on the Child Care and Early Years Act, 2014 every licensee shall ensure that where special dietary and feeding arrangements have been made with the licensee with respect to a child receiving care, the arrangements are carried out in accordance with the written instructions of a parent of the child.

This applies to our Before and After School Program, where snacks are provided by the parents; and to any particular feeding arrangement made for a child at our school. Other examples of special feeding arrangements are special occasions such as parties and/or birthdays. Parents who wish to make special feeding arrangements must fill out and sign this form before any special dietary and feeding arrangement may be carried out by the school.

I (name of parent) _____ will be providing for (name of student) _____: (please circle everything that applies)

- a. Healthy and nutritious snacks for **before and/ or afterschool**. In labelled containers and/or packaging that contains ingredients.
- b. An ingredient list to help ensure that allergens are not brought into the school.
- c. A snack that is certified NUT FREE and it has not been made in a facility that process NUT products. This applies for both, before and after-school snacks, and for birthdays or special occasions.
- d. Any drinks other than water or regular milk, such as Rice Milk, Organic Milk, Lactose Free Milk, or any other drink that is NUT FREE.

Other dietary arrangements that you wish to specify along with feeding instructions please do so in this area.

Parents should advise the school if there are any changes in feeding arrangements.

Date _____

Signature _____