

# One World Montessori School

# REGISTRATION FORM

Whitemud Creek Community Centre T 780-435-0073  
951 Ogilvie Blvd NW E [owmedmonton@gmail.com](mailto:owmedmonton@gmail.com)  
Edmonton AB T6R 1C8 W [montessoriedmonton.com](http://montessoriedmonton.com)

Child's information			
Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth
Address			
Street		City	Province Postal Code
Home phone number (if applicable)	Alberta Health Care number	Enrolment preference (please choose one) <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Either	

Parent or Legal Guardian information				<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Legal Guardian
Name			Profession			
Address (leave blank if same as Child's home address)						
Street		City		Province		Postal Code
Main phone number	Work phone number	Other phone number	Email address			

Parent or Legal Guardian information				<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Legal Guardian
Name			Profession			
Address (leave blank if same as Child's home address)						
Street		City		Province		Postal Code
Main phone number	Work phone number	Other phone number	Email address			

First emergency contact - other than parent(s) or legal guardian listed above	
Name	Phone number
Address	
Street	City Province Postal Code

Second emergency contact - other than parent(s) or legal guardian listed above	
Name	Phone number
Address	
Street	City Province Postal Code

## All persons (including parents) authorized to collect your child from school.

Please note that at the end of each session, your child will be handed over only to the person authorized to collect your child as stated on this form. Written consent from you and proof of identity will be required for any unauthorized persons collecting your child from One World Montessori School. **Any change to the information provided by you must be notified in writing and signed.**

Name	Relationship	Phone number
Name	Relationship	Phone number
Name	Relationship	Phone number
Name	Relationship	Phone number
Name	Relationship	Phone number
Name	Relationship	Phone number
Name	Relationship	Phone number

## Child's health information

Name of family physician	Phone number of medical practice
Address of medical practice	
Street	City
Province	Postal Code

### Medical details

Has your child been immunized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have dietary restrictions? If <b>yes</b> , please specify:	Does your child have allergies? If <b>yes</b> , please specify:
If your child has allergies, what symptoms or reaction does your child experience in the event of an allergic reaction? Please provide details (you may use an additional sheet if necessary):		
Please list all known medical conditions, for example Asthma, Diabetes, Eczema or Epilepsy. Please provide detailed symptoms, as well as immediate medical instructions in case of a reaction at school (you may use an additional sheet if necessary):		
Is your child on any medication for allergies or a medical condition? If <b>yes</b> , please specify:		

You will also be required to complete an *Individual Medication Form* to provide details regarding administration of your child's medication (this form will be emailed to you).

## Other information

How did you hear about One World Montessori School?

What goals do you have for your child while attending One World Montessori School?

Are you familiar with the Montessori method and philosophy?

Yes  No

## Medical consent

In the event of an injury that required First Aid or a medical emergency, we will make every effort to contact you by phone. However, if we are unable to make contact, we require your authorization to seek medical attention for your child.

We hereby authorize Sharry Hodgkinson or any paid staff member at One World Montessori School to obtain medical assistance for your child in the event of a medical emergency. I/We understand the every effort will be made to contact me/us should the need arise.

## Declaration by Parent or Legal Guardian – both parents are required to sign

The information in this form is true, correct and complete. I also recognize that it is my responsibility to notify One World Montessori School should the above information change.

Name (print)

Relationship

Signature

Date

Name (print)

Relationship

Signature

Date