

ONE WORLD MONTESSORI SCHOOL

Whitemud Creek Community Center, 951 Ogilvie Blvd, Edmonton, Alberta T6R 1C8

Telephone: 780-435-0073

Registration Form

Registration Fee Attached – Yes/No

| | |
|----------------------------|--|
| Child's Information | |
| Name | |
| Gender M/F | |
| Date of Birth | |
| Child's Home Address | |
| Postal code | |
| Child's telephone number | |
| Alberta Health care Number | |

| | | | |
|--|-----------|-----------|---------------|
| Enrollment Preference - please tick | <u>AM</u> | <u>PM</u> | <u>EITHER</u> |
|--|-----------|-----------|---------------|

| Parent Information and emergency contact details | Father | Mother |
|---|---------------|---------------|
| Name | | |
| Profession | | |
| Telephone (residence) | | |
| Telephone (cell) | | |
| Telephone (work) | | |
| Address (leave blank if same as above) | | |
| Postal code | | |
| Email address | | |

| Emergency Contacts - other than parents | First Emergency Contact | Second Emergency Contact |
|--|--------------------------------|---------------------------------|
| Name | | |
| Telephone number (s) | | |
| Address | | |
| Postal Code | | |

ALL persons (including parents) authorized to collect your child from school - your child will not be released to an adult who is not listed on this form

| | <u>Name</u> | <u>Relationship</u> | <u>Tel Number</u> |
|-----------|-------------|---------------------|-------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |

Child's Health Information

| | |
|---|--|
| Name of Family Physician | |
| Address and Postal code of Medical Practice | |
| Telephone Number | |

Medical Details

Has your child been immunized?

Does your child have dietary restrictions? Please specify

Does your child have allergies? Please specify.....

What symptoms/ reaction does your child experience in the event of an allergic reaction? Please provide details. Please use an additional sheet if necessary.

.....
.....

Please list all known conditions for example Asthma, Eczema, Epilepsy, or Diabetes. Please detail symptoms as well as immediate medical instructions in case of a reaction at school. Please provide details on a separate sheet if necessary.

.....
.....

Is your child on any medication for allergies or a medical condition? Please specify. You will be required to complete an Individual Medication Form (which will be emailed to you separately) providing us with details regarding administration of your child's medication.

.....
.....

How did you hear about One World Montessori School?.....

Are you familiar with the Montessori method and philosophy?

What goals do you have for your child while attending our school?

.....
.....
.....

General Information

Please note that at the end of each session, your child will be handed over only to the persons 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 school. Any changes to the information provided by you must be notified in writing and signed.

Please attach the registration fee with this form. Cheques should be payable to One World Montessori School.

A parent information package will be sent to you once your child’s registration is finalized. The information within the parent handbook forms part of your contract with the school.

Medical Consent

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

We hereby authorize Surabhi. Dave, or any paid staff member at One World Montessori School to obtain medical assistance for our child, (name of child) in the event of a medical emergency. I/We understand that every effort will be made to contact me /us should the need arise.

Both parents are required to sign this registration form.

Name..... Relationship

Signature

Date.....

Name.....Relationship

Signature

Date.....