Dearcroft Montessori Trafalgar Crossing School

297 Oak Walk Drive | Oakville, ON
Tel: 905-617-2114 info@dearcroftmontessoritc.com Web: www.dearcroft-montessori.com

APPLICATION FORM

Student: _____

Address: _____ **City:** _____

Province: _____ **Postal Code:** _____ **Primary Tel. No.** _____

Birth Date: (day) _____ **(month)** _____ **(year)** _____ **Male** _____ **Female** _____

PROGRAM:

_____ **Toddler**	_____ **Casa**	**JR EL/SR EL**	**Extended Day Care**
_____ Half Day (am)	_____ Half Day (am/pm)	_____ Level 1___Level4	_____ Before Care
_____ Full Day	_____ Full Day	_____ Level 2___Level5	_____ After Care
		_____ Level 3___Level6	

PARENT/GUARDIAN #1

Name: _____

Home Address: _____

Primary Tel: _____

Bus Address: _____

Bus Tel: _____

Cell: _____

Email: _____

PARENT/GUARDIAN #2

Name: _____

Home Address: _____

Primary Tel: _____

Bus Address: _____

Bus Tel: _____

Cell: _____

Email: _____

Emergency Name, Address &Telephone (to call if parents cannot be reached, when child is ill and must be taken home: _____

Siblings (names and birth dates): _____

Transfers (Please provide the name of the School your child has attended, and the length of attendance):

_____

Application for admission into the Montessori program implies your three-year commitment for the duration of each developmental level of the program and your agreement to the terms stated in the tuition schedule.

For Administration use only:
Date of Admission _____ ***Date of Discharge:*** _____

Medical Information:

Student Name: _____

Family Doctor:_____

Address: _____

Tel No: _____

Medical History (please list any health issues/concerns and communicable diseases):

Specialist Services/Therapy (please list any information pertaining to speech therapy, occupational therapy, assessments etc. for your child):

Please list the perons permitted access to your child at school, other than parents and/or guardians on application form. Persons you designate with permission to be released to their care from school:

Please list special dietary restrictions/requirements in respect of diet, rest or physical activity:

Please give written instructions for any medical treatment or drug or medication to be administered during school hours:

_____ _____

Parent /Guardian Signature **Parent/Guardian Signature**

Date: _____ **Date:** _____

LUNCH REGISTRATION FORM

STUDENT NAME: _____ **DATE:** _____

STUDENT LEVEL: ____ **Toddler** ____ **Casa** ____**Elementary/JH**

PARENT NAME: _____

PARENT PHONE: _____

PARENT EMAIL: _____

ALLERGIES AND RESTRICTIONS

Please list your child's food allergies (enter "none" if no allergies):

Do your child's allergies cause an anaphylactic reaction? _____Yes _____No

Please list your child's food restrictions and/or intolerances and sensitivities (enter "none" if no restrictions, intolerances or sensitivities):

Lunch Program Start Date: _____

- Catering fee applies for this program
- Casa $1750 in total for year
- Lunch program fees are subject to change, finalized by August 2023
- No refunds for absences

Parent Signature:_____

BEFORE/AFTER SCHOOL PROGRAM

Morning Program

Time: 8:00 a.m. to 8:45 a.m.
Fee: $125 per month

Afternoon Program

Dismissal to 6:00 p.m.
$375 per month

Morning and Afternoon Program

Time: 8:00 a.m. to 8:45 a.m. and Dismissal to 6:00 p.m.
Fee: $450 per month

We realize that some parents may require less time in the program than others, however the fees have been standardized to meet the requirements of parents who will utilize these programs on a fairly consistent basis. For this reason, enrollment capacity will be limited. If the need arises for a student who is not registered in the after school program to require after school care (after 3:30 p.m.), a flat daily rate will be charged regardless of time spent in the program. A flat fee daily fee applies for before school drop in.

It is important that emergency/alternative contacts be listed. In the event you may be delayed beyond 6:00 p.m., you must make arrangements for one of your emergency contacts to pick up your child. Late fee of $15.00 applies up to 6:15 pm. and then $1.00 additional per minute thereafter. Enrollment in our after school program will be cancelled if delays past 6:00 p.m. are repeated.

I/We have read the program outline of the Before/After School Program and fully understand the commitment to arrive before 6:00 p.m. each evening. The required payment for this extra programming will be added to our invoice and due monthly or in one payment.

_____ _____
Child's Name Parent's Name

_____ _____
Date Parent's Signature

BEFORE/AFTER SCHOOL PROGRAM
REGISTRATION FORM

STUDENT INFORMATION

Student: _____

Address: _____ **City:** _____

Province: _____ **Postal Code:** _____ **Home Tel. No.** _____

Birth Date: (day) _____ **(month)** _____ **(year)** _____ **Male** _____ **Female** _____

PARENT/GUARDIAN INFORMATION

Name: _____ **Name:** _____

Address: _____ **Address:** _____

Home Tel: _____ **Home Tel:** _____

Bus/Cell: _____ **Bus/Cell:** _____

Email: _____ **Email:** _____

Emergency/Alternate Contact Names and Tel Numbers: _____
_____

Before School Only _____
(8:00 a.m. – 8:45 a.m.) $125/month

After School Only _____
(Dismissal - 6:00 p.m.) $375/month

Before and After School _____
(8:00a.m. & Dismissal – 6:00 p.m.) $450/mth

Monthly fees are to be paid in advance by post-dated cheques dated the first of each month or by e-transfer. Fees for before and after care will be added to individual invoices.

_____ _____
Parent Signature **Parent Signature**

Date: _____ **Date:** _____