



Trafalgar Crossing

# Dearcroft Montessori Trafalgar Crossing School

297 Oak Walk Drive | Oakville, ON L6H 3R6

Tel: 905-257-3200

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Web: [www.dearcroft-montessori.com](http://www.dearcroft-montessori.com)

## ELEMENTARY APPLICATION FORM

Student: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Tel. No. \_\_\_\_\_

Birth Date: (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) \_\_\_\_\_ Gender: \_\_\_\_\_

### PROGRAM:

Junior Elementary

- \_\_\_\_\_ Level 1
- \_\_\_\_\_ Level 2
- \_\_\_\_\_ Level 3

Senior Elementary

- \_\_\_\_\_ Level 4
- \_\_\_\_\_ Level 5
- \_\_\_\_\_ Level 6

Extended Care

- \_\_\_\_\_ Before care
- \_\_\_\_\_ After care
- \_\_\_\_\_ Before & after care

### PARENT/GUARDIAN #1

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Bus Address: \_\_\_\_\_

Bus Tel: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### PARENT/GUARDIAN #2

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home 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): \_\_\_\_\_

*For Administration use only:*  
Date of Admission \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

**Medical Information:**

Student Name: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: \_\_\_\_\_

1. **Medical History: please list any health issues/concerns and communicable diseases:**

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

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

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**Education History Information:**

1. **School history: please provide the name of the schools your child has attended, and the length of attendance:**

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2. **Specialist Services or Therapy: please list any information pertaining to speech therapy, occupational therapy, etc. for your child:**

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3. **Does your child have previous experience in a Montessori setting? Y \_\_\_\_\_ N \_\_\_\_\_**

4. **What would you describe as your child's greatest strengths?**

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5. **What interests, hobbies or extracurriculars does your child have?**

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**6. What areas of growth would you like to see with your child?**

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**7. What are your primary goals for your child's education?**

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**8. What are your primary reasons for looking to move schools?**

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**9. Is English your child's first language? Y \_\_\_\_\_ N \_\_\_\_\_**

**If no, please describe their English ability and provide details about their primary language:**

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**10. Has your child received any psychological or educational assessments? Y \_\_\_\_\_ N \_\_\_\_\_**

**If so, please provide a synopsis and attach a copy:**

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**11. Does your child have an IEP? Y \_\_\_ N \_\_\_\_\_**

**If so, please provide a synopsis and attach a copy:**

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**12. What challenges does your child have in regards to mental health and anxiety?**

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**13. Has your child received disciplinary measures at their previous school(s)? Y\_\_\_ N \_\_\_**

**If yes, please provide details:**

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Dearcroft Montessori is a very welcoming, warm environment where every child is able to receive academic challenge and education geared to their ability. Students are welcomed into the school and quickly become part of our community. Our excellent student to teacher ratios and peer mentoring allow students to receive the support they need to reach their full potential.

Our Elementary and Junior High programs are designed to challenge students academically and social/emotionally. Students are encouraged to build their confidence, independence, and resiliency. As part of this, we have high expectations for our students with regards to showing leadership at school. Overnight trips begin in Level 1, and remain an integral part of our programs all the way through to Level 8. Students are expected to work with and mentor others, and act with kindness and respect at all times. Our classrooms are also busy with the excitement of independent learning. For some students, this style of learning environment is a challenge. As such, this environment is not suitable for all learners.

It is important that we have open communication about your child's learning profile so that we can help determine if this will be a place where your child will find success. Please be sure to provide all information that may be relevant, and have a discussion with our Principal to ensure this will be the right place for your child.

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. We invest a lot of time and energy into our new students, especially those new to Montessori. When students leave early, it disrupts the balance of the classroom and the experience. In an effort to offer all of our students the best environment possible, it is expected that students will stay for the minimum of the duration of the program for which they will be applying. You will be asked to pay non-refundable future deposits as a sign of good faith with your intention to stay. We look forward to talking further with you about you child and their potential fit into Dearcroft Montessori.

I have read through the above information and included all relevant information and documentation regarding my child.

\_\_\_\_\_  
**Parent /Guardian Signature**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

**Date:** \_\_\_\_\_



Trafalgar Crossing

## **DEARCROFT MONTESSORI TRAFALGAR CROSSING INFORMED CONSENT - PROTECTING YOUR PRIVACY**

We are committed to protecting your personal information. This is our privacy commitment to you as a parent, student, employee, alumnus or friend of Dearcroft. We collect your personal information only to provide services for which you have registered, to understand your needs and to assist us in creating new services that will serve you better. We do not disclose your personal information to any other organization or individual outside of the School, unless it is necessary to provide you with services from Dearcroft, Dearcroft communications, or when required by law. We provide every registered family with a class email and telephone list. However, if you wish to opt out of such a listing, or if you have any questions or concerns about how your personal information is gathered, used or retained, or wish to opt out of receiving specific Dearcroft communications, please let us know by informing our Administration Office in writing.

**Child's Name** \_\_\_\_\_

In consideration of my child's attendance and participation in activities at Dearcroft Montessori, I the undersigned, hereby acknowledge that certain risks are inherent in participation at school and in sports and recreational activities. I agree that Dearcroft Montessori, and its directors, officers, employees, or agents shall not be liable for any injury to my child or loss or damage to my child's personal property arising from, or in any way resulting from, my child's participation at school. I understand that I am responsible for informing Dearcroft Montessori and its directors, officers, employees and agents of any medical condition(s) my child has at the time of registration or acquires during their enrollment at the school. In the event of any medical emergency, I hereby give permission selected by Dearcroft and its directors, officers, employees and agents to secure proper medical treatment for the person(s) named.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

### **Photo Release/Web Site/Social Media Permission**

I, hereby, give permission to Dearcroft Montessori to use any photographs posted on Transparent Classroom and any photos/videos of my child sent by direct message, to the school from the parents, as well as any photos of my child for display in the school and/or school fairs and for school brochures and any other promotional material produced by Dearcroft Montessori. This also includes photos or videos of my child on social media platforms for the school in the form of one of the following channels: Blog, Facebook, Twitter, Instagram, Youtube and Pinterest. At no time will any child's name be published.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

### **Personal Information Release**

I, hereby, give permission to Dearcroft Montessori to be included in the class contact list. I understand that this list will contain my child's name and parents' names, telephone number and email addresses. This list will be given to each registered family at the school. I also agree to be included on the school email listing. If I wish to opt out of these list, I will provide Administration with written notice.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_



Trafalgar Crossing

**ELEMENTARY LUNCH REGISTRATION FORM  
2024 – 2025**

**STUDENT NAME:** \_\_\_\_\_

**PARENT NAME:** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_

**ALLERGIES AND RESTRICTIONS:**

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

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2. Do your child's allergies cause an **anaphylactic reaction**? \_\_\_\_ Yes \_\_\_\_ No

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

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4. Please list your child's **food restrictions** (ex. *vegetarian, no pork*, etc. Enter "none" if no restrictions):

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- Catering fee applies for this program
  - \$1,850 Elementary (2023-2024 pricing)
- Lunch program fees to be confirmed by August 1<sup>st</sup>
- No refunds for absences



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## **PROOF OF AGE**

Please provide a copy of your child's birth certificate or passport for proof of age.





**Health Information:**

**Is your child healthy?                      Yes \_\_\_\_\_                      No \_\_\_\_\_**  
**If no please describe your child's health concerns:**

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**Does your child have an allergy?    Yes \_\_\_\_\_                      No \_\_\_\_\_**  
**If yes, to what are they allergic? \_\_\_\_\_**

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**Please describe the type of reaction: \_\_\_\_\_**

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**Has your child had hepatitis?        Yes \_\_\_\_\_                      No \_\_\_\_\_**

**If yes, describe the illness: \_\_\_\_\_**

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**Does your child have a vision problem?                      Yes \_\_\_\_\_                      No \_\_\_\_\_**

**Does your child wear glasses?                      Yes \_\_\_\_\_                      No \_\_\_\_\_**

**Does your child have a hearing problem?                      Yes \_\_\_\_\_                      No \_\_\_\_\_**

**Does your child wear a hearing aid?                      Yes \_\_\_\_\_                      No \_\_\_\_\_**



## BEFORE/AFTER SCHOOL PROGRAM 2024-2025

### Before Care Program

Time: 7:30 a.m. to 8:45 a.m.  
Fee: \$150 per month

### After Care Program

Dismissal to 6:00 p.m.  
\$400 per month

### Before and After Care Program

Time: 7:30 a.m. to 8:45 a.m. and Dismissal to 6:00 p.m.  
Fee: \$525 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



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## BEFORE/AFTER CARE PROGRAM 2024-2025 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 Care Only \_\_\_\_\_  
(7:30 a.m. – 8:45 a.m.) \$150/month

After Care Only \_\_\_\_\_  
(Dismissal - 6:00 p.m.) \$400/month

Before and After Care \_\_\_\_\_  
(7:30a.m./ Dismissal – 6:00 p.m.) \$525/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: \_\_\_\_\_



## Parent Handbook RECEIPT & WAIVER FORM

Dear Parents/Guardians,

Please thoroughly review the Parent Handbook which contains the policies and procedures for Dearcroft Montessori's return to school. This form must be signed and returned to school prior to your child's attendance in September. This form will be kept in your child's file for the duration of the school year.

Thank you in advance for your cooperation.

Kindly,

Dearcroft Montessori Trafalgar Crossing

I, \_\_\_\_\_ (print your name) the parent/guardian of

\_\_\_\_\_ (print child's name), hereby  
acknowledge receipt of Dearcroft Montessori Trafalgar Crossing's Parent Handbook I have read and agree to adhere to all the policies and regulations set forth in this handbook. I acknowledge and understand that the services, sanitary practices, screening processes provided by Dearcroft during are as safe as possible for my child(ren). I waive any liability of Dearcroft as a result of contracting a communicable disease.

I agree to respect and adhere to the protocols and advice from government health officials in order to help minimize the risk for all Dearcroft families and staff.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## CLASS TRIP PERMISSION

I do hereby give permission for my child,  
Child's Name

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to participate in class trips and outings, including overnight trips, as planned by Dearcroft Montessori Trafalgar Crossing during the school year.

I understand that children will be transported by bus or in private cars. Supervision will be by teachers, or teachers assisted by volunteer parents.

I fully understand that the risk factor will be higher than if my child were at his/her regular work at school. Realizing this, I allow my child to participate, and absolve Dearcroft Montessori Trafalgar Crossing and its directors, officers, employees and agents, or any person acting on behalf of the school, from legal responsibility.

You will be notified, in advance, of pending class trips involving motor transportation.

I also give permission for my child to participate in the occasional school walk with Dearcroft Montessori Trafalgar Crossing, off school property, as required during the year.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## ELEMENTARY GYM PROGRAM

### OFF-CAMPUS ACTIVITIES

The Dearcroft gym program offers a wide variety of sports activities for students. Many of these activities take place on-site and some take place off premises using various facilities within the Town of Oakville. As required, transportation to and from these activities for your son/daughter will be provided via the school shuttle bus and by parent volunteers.

Students are required to wear their gym uniform on designated gym days and for all off-campus athletic activities. There are several activities during the year, which include but are not limited to baseball, cross-country running, soccer, tennis, baseball, and badminton. During the winter term, the students will be involved in a skating/shinny ice hockey program held at Canlan Ice Sports.

I give my child \_\_\_\_\_ permission to participate fully in the gym program, while at Dearcroft Montessori Trafalgar Crossing, including any off-site programming. I understand, as required, transportation for my child will be provided by school staff via the school shuttle and/or parent volunteers. I fully understand that the risk factor will be higher than if my child were at his/her regular work at school. Realizing this, I allow my child to participate and absolve Dearcroft Montessori Trafalgar Crossing and its Directors, employees and agents, or any person acting on behalf of the school, from legal responsibility.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_