



Bramblewood

MONTESSORI

Place photo here
Current student picture
required.

20 / 20 Registration Form

Location: ___ Coquitlam; ___ Port Coquitlam;

****STUDENT*******

Family Name: _____ Name: _____

Address: _____ Postal Code: _____

Email Address: _____ Home Tel: _____

Birth date: (M/D/YR) _____ Age: _____ Sex: M / F

Languages spoken at home: _____

Parents' thoughts on Program: _____

Previous school experience: _____

How does your child adapt to change? _____

How did you hear about Bramblewood Montessori? _____

Yellow Pages: ___; Newspaper: ___; Friend: ___; Other: _____

****PARENT/GUARDIAN*******

MOTHER / Guardian

Please indicate who to contact first

FATHER /Guardian

Surname _____

Name _____

Address _____

Home Tel. _____

Work Tel. _____

Cell / Pager _____

Email Address _____

Occupation _____

Address _____

Check one: ___ Married; ___ Single; ___ Divorced; ___ Joint* or ___ Sole Custody*

*Custody Information: Protection order or Custody Agreement must be on file

Siblings

Grandparents

Name _____ Age _____ Name _____

Name _____ Age _____ Address _____

Name _____ Age _____ Telephone _____

****HEALTH*******

Student's BC Care Card No: _____ Private Insurance: _____

Medical Plan / Private Insurance –Subscriber's Name: _____

Family Doctor: _____ Telephone: _____

Is your child Immunized? Y / N ; - A complete immunization record must be on file to complete enrollment.

Is your child independent using the bathroom? Y / N; _____

Does your child wear diapers/pull ups? Y / N; _____

Does your child need assistance using the bathroom? _____

*Does your child have any Allergies? _____
(List regardless how minor the allergy is.)

*Symptoms: _____ *Treatment: _____

*Is your child on Medication? Y / N ; If yes, describe: _____

*Special Diet: _____

*Physical or Learning Capabilities: _____

*Vision, Hearing, Speech Condition: _____

*Additional Care Plan forms will be required to be filled out.

****HOSPITAL RELEASE*******

Bramblewood Montessori will call a physician; take your child to the nearest emergency services; summon an ambulance for emergency medical aid should the need arise.

If the staff on duty at Bramblewood Montessori recognizes such services are required, I/We authorize them to call a physician, take my child to the nearest emergency service or summon an ambulance for emergency medical aid. If such an emergency should arise, I/We shall be notified as soon as possible giving priority of care to my child first. I/We agree to bear any cost incurred for such services and shall be our sole responsibility.

(Please initial)

****EMERGENCY CONTACTS & PERSONS AUTHORIZED TO PICK UP*******

Person(s) to contact, when parents are unavailable. Contacts must be able to communicate in English.

Name: _____

Telephone: Home: _____ Work: _____

Relationship: _____ Cell: _____

Name: _____

Telephone: Home: _____ Work: _____

Relationship: _____ Cell: _____

List any special instruction or individuals that MAY NOT CLAIM YOUR CHILD.

_____ Name in full	_____ Relationship	_____ Reason
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_____ Name in full	_____ Relationship	_____ Reason
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****TELEPHONE PERMISSION*******

I/We give permission to Bramblewood Montessori to release our home telephone number, upon request, to enrolled families only. Yes No

(Please initial)

****PHOTO/VIDEO PERMISSION*******

Throughout the year, we take photos or videos of our student at work, playing on field trips and at special events. I / We understand that Bramblewood Montessori will take photographs/videos during school time and fieldtrips. These pictures may be posted on Bramblewood Montessori websites.

(Please initial)

****PLAYGROUND PERMISSION*******

Throughout the year, the program consists of going for walks and visit neighborhood parks. I/We give permission for my child to go on neighborhood walks and to visit the parks as well as use the playground equipment.

____ Yes ____ No

(Please initial)

****PAYMENT AGREEMENT *******

Fees are payable on the 1st of each month. To complete registration process and secure your child’s spot, post-dated cheques are required for the current school year. Please submit:

____ Post-dated cheques are payable on the 1st of each month from _____ to _____.
Monthly fee is \$_____.

No exemptions in fees will be allowed due to illness or family vacations. NSF charges are \$25.00.

Tax Receipt issued to: _____

(Please initial)

****FEES & WITHDRAWAL POLICY*******

____ Montessori Preschool & Kindergarten Program
Enrollment is expected for the full school year. Initialing below means the enrollment policy has been explained.

____ ALL OTHER PROGRAMS
Withdrawals must be dated the 1st of the month. Notice to withdraw must be received by Bramblewood Montessori administration in writing, 45 days prior to date of withdrawal.
In lieu of notice, a full month’s fees are payable to Bramblewood Montessori.
Withdrawals are not accepted for May and June months of the current school year for Traditional Preschool & School Age Care programs.

(Please initial)

****REGISTRATION & APPLICATION FEE*******

Submit application with a registration fee of **\$50.00** and an application fee of **\$150.00** to Bramblewood Montessori. The application fee guarantees a space at Bramblewood Montessori. The application fee is forwarded to your account each year. Application fee is refunded if adequate notice to withdraw is received. The registration fee is non-refundable.

I/We acknowledge the importance of keeping Bramblewood Montessori informed of changes in addresses, phone numbers, work contacts and emails.

I/We acknowledge to abide by all rules and regulations stated in the Parent Handbook and monthly newsletters. Upon failure to follow regulations, Bramblewood Montessori reserves the right to refuse service.

Signature of Mother/Guardian

Date

Signature of Father/Guardian

Date

