Lyonsgate
MONTESSORI SCHOOL

Registration Form

Child's Information

Last Name:_____First Name:_____
Middle Name:_____Preferred Name:_____
Birthdate:_____Sex:_____Language spoken:_____
Address:_____City:_____
Province:_____Postal code:_____Phone number:_____
Siblings:_____

Name of Persons authorized to pick up child other than parents:

1. Name:_____phone number:_____
2. Name:_____phone number:_____
3. Name:_____phone number:_____

Child's Medical Information

Health Card #_____
Allergies: _____Medical Condition(s):_____
Medication taken on a regular basis:_____
Child's Doctor:_____
Doctor's Address:_____
Doctor's Phone number:_____

Preference of Programme

☐ Half Day (A.M) 8:30-12:00 ☐ Half Day (P.M) 12:30-4:30 ☐ Full Day (8:30-4:30)

Family Information

Parent/guardian 1 Relation to child:_____
Last Name:_____First Name:_____
Address:_____
Home phone:_____ Cell Phone:_____
Profession:_____Work phone:_____
e-mail address:_____

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Parent/guardian 2 Relation to child:_____
Last Name:_____ First Name:_____
Address:_____
Home phone:_____cell Phone:_____
Profession:_____work phone:_____
e-mail address:_____

Marital Status:_____

If Divorced/ Separate ☐ Lives with father ☐ Lives with mother ☐ Lives with both

Information should be sent to: ☐ Father ☐ Mother ☐ Both

I/We hereby warrant and acknowledge, that the above information is complete and accurate to the best of my/our knowledge. I also agree to provide to the School, in a timely manner, any changes regarding my/our child's information.

We understand that the responsibility of the School for our child begins when the child has been duly admitted to school each day and ends when the child has been dismissed to go home. To the best of our knowledge, our child is in good health. If we cannot be reached at a time of illness or accident, or if the emergency is such that time does not permit such contact, the School is hereby authorized to contact the physician named above, or a physician selected by the School, to treat, hospitalize and order injections, anesthesia or surgery for our child. We understand that the School will notify us of field or program trips using School transportation, hired transportation or volunteer transportation by teachers or parents. We also realize that young children, even under close supervision, will have occasional accidents. Therefore, we hereby release, indemnify and hold harmless the School, its directors, agents and employees from any and all claims, damages or other liabilities for injuries to our child which are not a result of negligence of the School, its directors, agents or employees, or are entirely beyond the control of the School, its directors, agents or employees.

There is no refund or reduction in fees in case of withdrawal, dismissal, absence, cancellation or non-attendance.

_____ _____
Signature of Mother ***Date***

_____ _____
Signature of Father ***Signature of Director***

_____ _____
Date Child is admitted into Programme ***Date Child is discharged from the Programme***