



CALEDON HILLS MONTESSORI SCHOOL

6046 Old Church Road, Caledon East

www.chms.ca

Tel: (905) 584-5114

CHILD REGISTRATION FORM

Child Information

Child's Name: _____
Date of Birth: _____
Address: _____
_____ Postal Code: _____
Home Phone: _____ N/A

Parent/Guardian Information

Name: _____ Relationship to Child: _____
Address: _____
Postal Code _____
Home Phone: _____ N/A
Cell Phone: _____ N/A
E-mail: _____

(please provide an email address so that our newsletter, important notifications or updates may be sent during the day)

Place of Work: _____
Work Address: _____
Postal Code: _____
Work Phone: _____

Parent/Guardian Information

Name: _____ Relationship to Child: _____
Address: _____
Postal Code _____
Home Phone: _____ N/A
Cell Phone: _____ N/A
E-mail: _____

(please provide an email address so that our newsletter, important notifications or updates may be sent during the day)

Place of Work: _____
Work Address: _____
Postal Code: _____
Work Phone: _____



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Medical Information

Doctor's Name: _____

Address: _____

Phone: _____

Child's Health Card # _____

Emergency Contact / Child Release Information (must include 1 emergency contact other than parents)

Name: _____ Relationship to Child: _____

Address: _____

Postal Code _____

Home Phone: _____ N/A

Cell Phone: _____ N/A

Emergency Contact / Child Release Information (must include 1 emergency contact other than parents)

Name: _____ Relationship to Child: _____

Address: _____

Postal Code _____

Home Phone: _____ N/A

Cell Phone: _____ N/A

Alternate Persons Authorised to Pick up Child

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Does your child have any ongoing health problems or concerns we should be aware of?

(Including history of seizures, use of puffers, etc.)



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Please list any allergies or food restrictions your child has:

(Food restrictions include vegetarian, religious, etc.)

Does your child have any additional requirements?

(Nap times, meal preferences etc.)

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date

Start Date: _____

Withdrawal Date: _____



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CHILDREN'S FILE CHECKLIST

Child's Name:

Date of Birth:

Start Date:

End Date:

- Registration Fee... \$100.00
- Child Information Form
- Payment Contract
- Pre-Authorised Debit Agreement/ Post dated cheques
- Parents Policies & Procedures Sign Off (all parents/guardians to sign)
- Immunization Form
- Nut-Free Policy
- Community Walks & Outings
- Sunscreen & Cream Authorisation
- Picture & Video Release



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PAYMENT CONTRACT

Parents/ Guardians agree to pay said fees in a timely manner and agree to give a four week notice for withdrawal.

Parent / Guardian Signature

Date

NUT-FREE POLICY

Please be advised that Caledon Hills Montessori School a nut-free environment. We need your co-operation insuring the safety and well-being of the children in our centre.

This means that any form of nuts will not be allowed in the centre at any time. This includes the following:

- Any form of nuts
- Any form of nut product
- Chocolate containing nuts
- Any foods containing nuts, nut oils

Please be aware of all ingredients in food. The items that state "may contain traces of nuts" are not permitted in the centre and we ask that you do not bring in any food from home (except in the Infant room, where outside food allowed as some parents provide their child's food for the day); including snacks left in backpacks. We kindly ask that your child does not eat peanut butter before coming to the centre and washes their hands after eating a breakfast that may contain traces of peanuts.

I have read and fully understand the above guidelines regarding peanuts and nut products. I also am aware of, and agree to comply with the centre's nut-free policy.

Parent / Guardian Signature

Date



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COMMUNITY WALKS & OUTINGS

From time to time, the children of Caledon Hills Montessori School will go on short community walks (i.e. the mail box, wooded trails, etc.) that will take them off the premises. Please sign below to give permission for your child to be involved in such activities.

Parent / Guardian Signature

Date

*** There may also be field trips that your child's class may take throughout the year (i.e. pumpkin patch, parks, etc.). You will receive a separate letter describing the event and other important details and will include an authorization slip for your signature. ***

SUNSCREEN AUTHORISATION

The Ministry of Education requires a signed authorisation form from parents, for the child care staff to apply sunscreen to their child.

CHMS is committed to the health and well being of your child. To ensure your child is able to participate in all aspects of our outdoor program, we ask parents to supply the sunscreen (as children may be sensitive to some sunscreens), sign below, and submit to the office.

I give permission for the staff of Caledon Hills Montessori School to apply sunscreen to my child prior to outdoor time (another form will be signed when sunscreen is brought in for use):

Child's Name:

Parent / Guardian Signature

Date



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APPLICATION OF CREAMS (INCLUDING VASELINE) AUTHORISATION

The Ministry of Education requires a signed authorisation form from parents, for the child care staff to apply (diapering/rash) creams to their child.

I give permission for the staff of Caledon Hills Montessori to apply cream to my child during the day (another form will be signed when cream is brought in for use):

Child's Name:

Parent / Guardian Signature

Date

PICTURE & VIDEO RELEASE

I, hereby, grant permission for my child to be photographed while involved in activities (i.e. field trips, special events and parties) connected with the program at Caledon Hills Montessori School. These photographs may be posted on our bulletin boards, and then distributed to the parents afterwards.

In the event that any of these photographs/videos are to be used for any other purpose (publicity brochures, newsletter, or any materials and articles promoting Caledon Hills Montessori School), it is understood and agreed that my consent shall be obtained prior to any use.

Parent / Guardian Signature

Date



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PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Customer Information

Account Holder's Name:	Child's Name:
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Bank Account Information: (please fill in the information below OR provide a "void" cheque)

Financial Institution Number (3 digits):	Branch Transit Number (5 digits):
Deposit Account Number:	
Financial Institution Name & Branch Address:	This service is for: <input type="radio"/> Personal <input type="radio"/> Business Use

Pre-Authorised Debit (PAD) Details

You, the payer, authorise *Caledon Hills Montessori School* to debit the bank account identified above monthly the following Day Care fees...

Initial Payment Date <input type="radio"/> N/A	Initial Amount
Starting Date	Fixed Amount

You, the payer, may revoke your authorization at any time, subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, contact your financial institution or visit www.cdnpay.ca

Account Holder Signature:	Date:
Joint Account Holder Signature: (if appropriate)	Date:

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca