



11391 Dartford Street, Maple Ridge, BC V2X 1V6
 Phone: 604-465-3492
 Email: admin@meadowmontessori.ca

Meadow Montessori
 A WISE INVESTMENT IN YOUR CHILD'S FUTURE

PRESCHOOL REGISTRATION FORM

CHILD'S INFORMATION:

NAME: Last _____ First _____ Middle _____

STREET ADDRESS: _____

CITY: _____ **POSTAL CODE:** _____ **PRIMARY PHONE#:** _____

DATE OF BIRTH: (yyyy/mm/dd) ____/____/____ **GENDER:** () M () F

COUNTRY OF BIRTH: _____ **Province of Origin (residing province prior to B.C.)** _____

First language spoken in the home: _____ Second language (if any): _____

First Nations: Y / N (If yes, please specify.) _____

What is most important to you regarding your child's preschool experience? Example: Academic Introduction, Socialization, Physical Development/Exercise etc.

Siblings? (Name & Age) _____

How did you hear about us? _____

PROGRAM: (indicate class 1st choice and payment method)

PRESCHOOL CLASS	PAYMENT METHOD
<p>5-DAY (MONDAY – FRIDAY) \$325/month</p> <p><input type="checkbox"/> MORNING 8:45 – 11:15AM <input type="checkbox"/> AFTERNOON 12:15 – 2:45PM</p>	<p><input type="checkbox"/> 9 cheques for \$325 (post-dated for the 1st of each month Sept-May) or <input type="checkbox"/> 1 cheque for \$2762.50 dated Sept 1 (5% discount, June deposit of \$325 still required)</p>
<p>4-DAY (MONDAY – THURSDAY) \$300/month</p> <p><input type="checkbox"/> MORNING 8:45 – 11:15AM <input type="checkbox"/> AFTERNOON 12:15 – 2:45PM</p>	<p><input type="checkbox"/> 9 cheques for \$300 (post-dated for the 1st of each month Sept-May) or <input type="checkbox"/> 1 cheque for \$2550.00 dated Sept 1 (5% discount, June deposit of \$300 still required)</p>
<p>4-DAY (TUESDAY – FRIDAY) \$300/month</p> <p><input type="checkbox"/> MORNING 8:45 – 11:15AM <input type="checkbox"/> AFTERNOON 12:15 – 2:45PM</p>	<p><input type="checkbox"/> 9 cheques for \$300 (post-dated for the 1st of each month Sept-May) or <input type="checkbox"/> 1 cheque for \$2550.00 dated Sept 1 (5% discount, June deposit of \$300 still required)</p>

NON-REFUNDABLE PAYMENTS REQUIRED FOR REGISTRATION:

- **REGISTRATION FEE of \$125 AND**
- **DEPOSIT of ONE MONTH'S TUITION** (Dated June 1st of registration year or today's date if after June 1st)

**BOTH THE REGISTRATION FEE AND TUITION DEPOSIT
 ARE REQUIRED UPON REGISTRATION**

Separate cheques per student per fee, please make cheques payable to: **Meadow Montessori School**

PARENT/GUARDIAN INFORMATION:

NAME: _____ Relationship to child: _____
 Telephone: (Primary) _____ (Other) _____
 Occupation/Place of Work: _____
 Address (if different from child's) _____

NAME: _____ Relationship to child: _____
 Telephone: (Primary) _____ (Other) _____
 Occupation/Place of Work: _____
 Address (if different from child's) _____

EMAIL Addresses: _____

CUSTODY AGREEMENT? YES () NO () *if yes, please attach a copy of the custody order.*

PERSON (S) AUTHORIZED TO PICK UP CHILD: (other than parent/guardian listed above)

Name: _____	Relationship _____	Phone: _____
Name: _____	Relationship _____	Phone: _____
Name: _____	Relationship _____	Phone: _____
Name: _____	Relationship _____	Phone: _____
Name: _____	Relationship _____	Phone: _____
Name: _____	Relationship _____	Phone: _____

(Remember to add carpool!)

PERSON (S) NOT AUTHORIZED TO PICK UP CHILD:

Name: _____	Relationship _____
Name: _____	Relationship _____

EMERGENCY DAYTIME CONTACTS (if parent/guardian(s) cannot be reached)

1.	Name: _____	Phone: _____
	Address: _____	Relationship to Child: _____
2.	Name: _____	Phone: _____
	Address: _____	Relationship to Child: _____
3.	Name: _____	Phone: _____
	Address: _____	Relationship to Child: _____

MEDICAL HISTORY:

1. Please indicate if your child has any significant disease or illness: _____

2. Is this condition possibly *life threatening*? Yes / No - *If yes please request form to be filled out by doctor.*

3. Does your child have allergies? Yes / No (example: peanuts, eggs, animals, bee stings)

4. Is this allergy *life threatening*? Yes / No - *If yes please request form to be filled out by doctor.*

5. Is your child on any medication? Yes / No Name of medication: _____

6. Does your child require administration of medical while at school? Yes / No - *If yes please request form.*

7. Does your child require a special diet? Yes / No If so, please explain:

8. Has your child had a tuberculosis skin test? Yes / No If Yes, Date: _____

9. If your child has any disabilities (visual, hearing, speech, muscular, etc.) please describe them:

EMERGENCY HEALTH INFORMATION:

In the event of an emergency, I/we authorize the school to have my/our child be taken to the hospital via ambulance if school officials deem such action necessary and urgent. In the event of an emergency, I/we authorize a staff member to accompany him/her in an ambulance to the Maple Ridge Hospital. We understand that we will pay for any costs incurred in doing so and we will be informed accordingly.

_____ Signature of parent/guardian _____ Signature of parent/guardian

Child's Doctor: _____ Phone: _____

Hospital used by Doctor: _____ Hospital Ph: _____

Child's Dentist: _____ Phone: _____

B.C. Care Card # _____

Other:

PARENTAL AGREEMENT:

I/We, the parent(s) / guardian(s) of _____ acknowledge:

- 1. That the operating principles and philosophies of the Meadow Montessori School Society must take precedence over other considerations, and it is the responsibility of all parents/guardians to support this priority in agreement with the constitution and by-laws of the Society;
- 2. That the tuition fees are payable for the full academic year and are not subject to adjustment for gradual entry, illness, absence, school closures in exceptional circumstances, or circumstances beyond the control of the school;
- 3. That in the event my/our child is withdrawn, 30 days notice prior to the withdrawal date will be given in writing *or* one month's payment, beyond the withdrawal date, given in lieu of notice; and
- 4. That in order for this registration to be considered complete we must enclose with this completed form a cheque for the appropriate registration fee *and* one month's tuition deposit dated as payable June 1st of this year which is to be used as June tuition at the end of the school year.

Signature of parent/guardian

Signature of parent/guardian

Date

Date

As a licensed Preschool (through Fraser Health) and a certified Independent School (through the Independent School Authority – BC Ministry of Education) we are obligated to collect and maintain specific information in our files and records.

In addition to this completed form we are also required to have a
COPY OF THE CHILD'S BIRTH CERTIFICATE.

***If this is a NEW STUDENT please ensure that a copy is included with this registration.**

We also require either a **COPY OF THE CHILD'S RECORD OF IMMUNIZATIONS** or acknowledgement of recommended immunizations (a form is available).

***If this is a NEW STUDENT please ensure that this is included with this registration.**

We cannot consider the registration until the registration fee and tuition deposit has been submitted along with this form.

OFFICE USE ONLY

Date Received _____ Registration Fee Amt. \$ _____ One Month's Fee \$ _____

Post-dated Cheques Rec'd. For: \$ _____ Months: _____ to _____ Date received: _____

OR Full Payment of \$ _____ Date received: _____

Child's First Day of Classes: _____ Placement: _____

PLEASE DETACH THIS PAGE AND RETAIN FOR YOUR RECORDS

TUITION DISCOUNTS AND REFERRAL INCENTIVE PLANS

Sibling Tuition Discounts: Please Note: Tuition discounts will apply on the elementary class fees only. Families with multiple children in the school will pay full tuition for the first student, 70% tuition for the second and 60% tuition for the third. For example: A family with one child in the preschool and one child in the elementary would pay full tuition for the pre-schooler and 70% of the elementary tuition fee. The discount would apply to siblings living full-time in the same household (step or half siblings can be considered).

Preschool to Elementary Discount for Single Children: For single students in the preschool who cannot take advantage of the sibling discounts for moving into elementary the discount will be: 15% off tuition for Kindergarten and 25% off Grade One* with regular tuition rates starting in the third year in the elementary classroom.

Our Families Referral Incentive Program: A family that refers a student to our elementary program will receive one month's free tuition after the student referred has been enrolled and paid for a minimum of six months. This program is designed to give families currently enrolled in the school an incentive to refer other friends and family to our school. This program only applies to students referred to the elementary classroom. This does not apply to siblings living in the same household that can take advantage of the sibling discount. In the event that the referring family has more than one student in the school and is taking advantage a multiple student discount, the lowest single tuition amount they pay for one of their children will represent the amount they receive for the one-month free tuition.

The school society retains the right to change or cancel these programs. Families participating will continue to benefit from the programs by a grandfather clause as they will be exempted from the changes to sibling discounts/preschool to elementary discount and will retain the program for the life of enrolment in the school. **Only one discount can apply.**

HERE IS A COPY OF YOUR PARENTAL AGREEMENT

I/We acknowledge:

1. That the operating principles and philosophies of the Meadow Montessori School Society must take precedence over other considerations, and it is the responsibility of all parents/guardians to support this priority in agreement with the constitution and by-laws of the Society;
2. That the tuition fees are payable for the full academic year and are not subject to adjustment for gradual entry, illness, absence, school closures in exceptional circumstances, or circumstances beyond the control of the school;
3. That in the event my/our child is withdrawn, 30 days notice prior to the withdrawal date will be given in writing *or* one month's payment, beyond the withdrawal date, given in lieu of notice; and
4. That in order for this registration to be considered complete we must enclose with this completed form a cheque for the appropriate registration fee *and* one month's tuition deposit dated as payable June 1st of this year which is to be used as June tuition at the end of the school year.