

**APPLICATION FOR ADMISSION**

**TODDLER & CASA**

Please print the required information.

(Please Circle) **Full Day / Half Day (A. M. / P. M.)**

(Please Circle) **Days: Monday / Tuesday / Wednesday / Thursday / Friday**

**Application for:**

- Full Day Program 7:00 a.m. to 6:00 p.m. \_\_\_\_\_
- Half Day Morning Program 9:00 a.m. to 11:30 a.m. \_\_\_\_\_
- Half Day Morning Program plus Lunch 9:00 a.m. to 12:30 p.m. \_\_\_\_\_
- Half Day Afternoon Program 1:00 p.m. to 3:30 p.m. \_\_\_\_\_
- Before School Program 7:00 a.m. to 9:00 a.m. \_\_\_\_\_
- After School Program 3:30 p.m. to 6:00 p.m. \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **Withdrawal Date:** \_\_\_\_\_

**Name of Child:**

**Family Name:** \_\_\_\_\_ **Given Name:** \_\_\_\_\_

**Full Address:**

**Street:** \_\_\_\_\_ **Apt. / Unit #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Birth Date:** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ (**Age:** \_\_\_\_\_) **Sex:** \_\_\_\_\_

**INFORMATION ABOUT PARENTS / GUARDIANS:**

**Parent # 1:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_ **Cell No.:** \_\_\_\_\_

\_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Parent # 2:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_ **Cell No.:** \_\_\_\_\_

\_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**IN CASE OF AN EMERGENCY, IF PARENTS CANNOT BE CONTACTED:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Phone No.:** \_\_\_\_\_ **Cell No.:** \_\_\_\_\_ **Work Phone No.:** \_\_\_\_\_

**Name of authorized person to receive your child at the end of school:**

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date: MM / DD / YYYY

## MEDICAL INFORMATION

To be completed by all applicants

**Surname of Child:** \_\_\_\_\_ **First Name of Child:** \_\_\_\_\_

M / F: \_\_\_\_\_ Date of Birth (MM / DD / YY): \_\_\_\_\_

**Name of Physician:** \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

**Does your child have allergies?** Yes / No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Food: \_\_\_\_\_ Reaction: \_\_\_\_\_

Drugs: \_\_\_\_\_ Reaction: \_\_\_\_\_

Environment: \_\_\_\_\_ Reaction: \_\_\_\_\_

**Treatment:** \_\_\_\_\_

**Prevention:** \_\_\_\_\_

Has your child had any **communicable diseases** such as chicken pox, mumps, etc.?

If yes, please describe and give dates: \_\_\_\_\_

**Does your child take any medication regularly?** Yes / No \_\_\_\_\_ If yes, name of drug, reason and dosage: \_\_\_\_\_

Has your child ever had his/her eyes tested? Yes / No \_\_\_\_\_ Result: \_\_\_\_\_

Has your child ever had his/her hearing tested? Yes / No \_\_\_\_\_ Result: \_\_\_\_\_

If your child is not able to participate in certain school activities, please specify:

Please comment on your child's overall health: \_\_\_\_\_

Does your child have any special instructions regarding rest: \_\_\_\_\_

**Dietary Restrictions:**

List any foods your child should not eat for medical, dietary, or religious reasons:

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(An alternate lunch or snack will be provided for any allergies or food restrictions.)

**Immunization:**

Please provide TWO photocopies of your child's current personal immunization record.

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**Relative or person to be notified if parents cannot be reached:**

1. Emergency Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell No.: \_\_\_\_\_

2. Emergency Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell No.: \_\_\_\_\_

3. Emergency Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell No.: \_\_\_\_\_

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**Additional Information:**

Home Language: \_\_\_\_\_ Does your child speak English? Yes/No \_\_\_\_\_

Names and ages of brothers and sisters: \_\_\_\_\_

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How did you learn about Bright Scholars Montessori ?

Newspaper \_\_\_\_\_ Flyer \_\_\_\_\_ Friend \_\_\_\_\_ Sign \_\_\_\_\_ Web-site \_\_\_\_\_

Other \_\_\_\_\_

**ILLNESS POLICY**

It is in the highest interest of your child and the other children at Bright Scholars Montessori, to keep your child at home when he/she is ill.

\*After a fever, your child’s temperature must be normal (37 Celsius) for 24 hours before returning to school.

\*Any child with discharging eyes may not return to school until eyes have been free of discharge for 24 hours.

\*Any child with diarrhea may not return to school until he/she has a normal stool within a 24 hour period.

\*Any child that has vomited may not attend school until he/she has not vomited for a 24 hour period.

If your child becomes ill at school and you are notified, you are requested to please pick-up your child promptly. You will not be called unless your child needs to be at home.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date: MM / DD/ YYYY

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date: MM / DD/ YYYY

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**EMERGENCY CONSENT FORM**

In case of an emergency resulting from an accident or illness, if prompt medical attention is deemed necessary and the parents cannot be contacted immediately, permission is hereby given to take the below mentioned child to the nearest medical facility and to proceed with medical treatment. I understand that any medical expenses incurred for such treatment are my responsibility.

Name of the Child \_\_\_\_\_  
(Please print)

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

**CHILD RELEASE AUTHORIZATION FOR:**

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(Please print your child's full name)

Dear Parents / Guardians,

In order to protect your child, we require an authorization by the parent / guardian when individuals other than the parents / guardians pick-up your child. Please list below **ALL** individuals who will come to pick-up your child. For security reasons, photo identification will be required upon pick-up.

This form will be kept on file, and additional names may be added at a later date.

**YOUR CHILD WILL NOT BE RELEASED TO ANY PERSON  
NOT LISTED BELOW:**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_
  
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_
  
4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_
  
5. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_