



Discovery Montessori School



6211 Forsyth Crescent, Richmond, B. C. V7C 2C4 604-807-9796

APPLICATION FOR ADMISSION

Session Requested: 8:40am – 11:15am / 12:00pm – 2:35pm / 11:15am – 2:35pm
8:40am – 2:35pm / 11:15am – 5:30pm / 8:00am – 5:30pm / Out of School Program

Child's Name: _____
(Surname) (Given names) (Name child responds to)

Gender: M or F **Date of Birth:** _____ **Place of Birth:** _____

Home Address: _____

City: _____ **Postal Code:** _____

People the child lives with (including siblings): _____

Child's first language: _____ **Other languages:** _____

Child's Medical Insurance Plan #: _____

Doctor's Name: _____ **Phone #:** _____

Mother's Name: _____

Home Phone #: _____ **Work Phone #:** _____

Cell Phone #: _____ **Email:** _____

Is this parent authorized to pick-up child from school? Yes or No

Father's Name: _____

Home Phone #: _____ **Work Phone #:** _____

Cell Phone #: _____ **Email:** _____

Is this parent authorized to pick-up child from school? Yes or No

Persons, aside from parents, available & authorized to pick up child

Emergency Contact # 1: _____

Relation to Child: _____ **Phone #:** _____

Emergency Contact # 2: _____

Relation to Child: _____ **Phone #:** _____

If applicable, list an English speaking contact

Name: _____

Relation to Child: _____ **Phone #:** _____

Persons NOT Authorized to Pick Up Child from School

Name: _____

Relation to Child: _____

Description: _____

HEALTH INFORMATION

Are there any health professionals, past or present, involved with your child (other than a doctor and dentist): YES NO

Name of contact: _____ **Profession or Agency:** _____

Phone: _____

Name of contact: _____ **Profession or Agency:** _____

Phone: _____

Name of contact: _____ **Profession or Agency:** _____

Phone: _____

Does your child have:

A medical condition/concern? YES NO

If yes, please provide further information:

Allergies? YES NO

If yes, please provide further information, & specify if it is a life-threatening allergy:

Asthma? YES NO

If yes, please provide further information:

Has your child had a seizure in the past year? YES NO

If yes, please provide further information:

Does your child require a special diet related to a medical condition? YES NO

If yes, please provide further information:

Food sensitivities? YES NO

If yes, please provide further information:

List all prescription and “over the counter” medications your child receives:

Medication	Times Given	Reason for
_____	_____	_____

Medication	Times Given	Reason for
_____	_____	_____

** For any of the above medications, please include doctor's instructions if medication must be to administered while the child is attending the program.*

Please list accidents(s), illness(es) or operation(s) the child has had along with dates:

Has the child previously attended another child care facility? YES NO

If yes, name of centre(s) & dates attended: _____

Any further comments or instructions to help us care for your child. Please feel free to add additional pages if necessary:

Toileting/Diapering (special words): _____

Rest Time (special comfort – toy/blanket): _____

Eating/Mealtime (include food likes/dislikes): _____

Fears: _____

Are there any religious or ethnic observances that the School should be aware of?

Is there a custody agreement between the child's parents? If yes, please describe:

** If a custody agreement is in place, please provide the School with a copy of the court issued agreement.*

***PARENTS ACCEPTANCE OF ENROLLMENT AT
DISCOVERY MONTESSORI***

“I hereby state that the information provided on these three pages is true and accurate to the best of my knowledge. I will ensure that if any of the information stated above changes I will inform the School immediately. I understand I may be asked to complete additional forms if I answered “yes” to any of the above questions. I also understand this health information may be made available to the staff of Vancouver Coastal Health. I authorize the staff of Discovery Montessori to call a medical practitioner or ambulance in the case of accident or illness of my child, if a parent or emergency contact cannot be reached. I understand that, in the event of withdrawal of my child, I must give the appropriate notice in writing and that the Tuition Deposit in NON-REFUNDABLE and is only applied the June tuition.”

Signature of Parent/Guardian

Please Print Name

Date

OFFICE USE ONLY:

Custody Agreement YES N/A

Provided to Facility YES NO N/A

Immunization Documents Returned to Facility YES NO

Emergency Card Returned to Facility YES NO

Medication, instructions & Care Plan in place for a life-threatening allergy? YES NO N/A

Start Date at the Facility: DATE: _____ / _____ / _____
YY MM DD

Date Child Leaves the Facility: DATE: _____ / _____ / _____
YY MM DD



DISCOVERY MONTESSORI SCHOOL
ENROLLMENT CONTRACT (2019-2020)

Name of Student: _____

In consideration of the acceptance of the enrollment by the Discovery Montessori School, the undersigned agree to pay the annual charges and fees of the child named above.

I/we agree to pay the following monthly tuition fee:

- \$450.00 per month for the Half-Day Pre-School/Kindergarten Program
or
- \$525.00 per month for the Half-Day Program & Lunch
or
- \$850.00 per month for the Full-Day Program (8:40 am to 2:35 pm)
or
- \$975.00 per month for the Daycare Program (8 am to 5:30 pm)
or
- \$1,075.00 per month for the Enriched Daycare Program (8 am to 5:30 pm)
or
- \$425.00 per month for the Out of School Program

I/we have enclosed postdated cheques for the first of each month from September through to May. I/we have also enclosed the NON-REFUNDABLE registration fee, as well as the tuition deposit, equal to the amount of one month's tuition, dated at the time of registration. This deposit is a portion of the year's total tuition and only constitutes payment for June 2020. On all cheques, I have written my child's name in the "MEMO" portion (on the bottom, left-hand corner).

I/we understand that my/our obligation to pay the charges for the full academic year is unconditional and that no portion of such charges so paid or outstanding will be refunded or canceled without the one month's written notice dated before the first of the month. **I/we understand the Registration Fee and Tuition Deposit is NON-REFUNDABLE under any circumstance.**



I/we understand that in signing this contract, I/we accept the terms stated herein and I/we accept the School's education program and any modifications deemed beneficial by the School. I/we have read and agree with the rules and regulations of Discovery Montessori (as stated in the School's "Parent Handbook"). I/we also agree to the policy of the School that transcripts will not be released unless the account has been paid in full. I/we also agree to pay for all NSF cheques that I/we accrue. The School reserves the right of any installment provided for in this contract, the above student may not be allowed to continue classes, and that the undersigned will be responsible for all attorney's fees and reasonable costs of collection for any outstanding amounts due under this contract.

Also, I/we agree that my/our child _____ may participate in all school activities unless the school receives written notice to the contrary.

Parent(s)/Guardian(s) Signatures

Date (day/month/year)