



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 – 5:45pm / 7:45am – 5:45pm / **Out-of-School Program**

Grade as of Sept 2024: _____

Child's Name: _____

(Surname)

(Given names)

(Name child responds to)

Gender: _____ **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 #:** _____

Emergency Contact # 3: _____

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: _____

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:

A developmental delay, genetic condition and/or neurological condition? 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:

Do you have any concerns relating to any of your child's physical, emotional, and/or cognitive development that may/does require future assessment? 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): _____

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 have read, understand and agree to all information outlined in the “Parent Handbook”. I agree to and accept all school closures for both holidays and Professional Days, or closures out of the control of Discovery Montessori School. 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 upcoming June tuition.”

Signature of Parent/Guardian

Please Print Name

Date

How did you hear about Discovery Montessori (family, friend, internet, advertisement)?

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

ENROLMENT CONTRACT (September 2024 - June 2025)

Name of Student: _____

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

I/we agree to pay the following tuition fee, divided into 10 monthly installments:

- \$387 per month : Half-Day Pre-School or Kindergarten Program (\$575 pre-CCFRI)
or
- \$413.00 per month : Half-Day Pre-School or Kindergarten Program & Lunch (\$625 pre-CCFRI)
or
- \$525.00 per month : Full-Day or Kindergarten Program, 8:40am to 2:35pm (\$1,070 pre-CCFRI)
or
- \$695.00 per month : Enriched Daycare Program (\$1,240 pre-CCFRI)
or
- \$200.00 per month : Kindergarten, Before & After School Program (\$470 pre-CCFRI)
or
- \$355.00 per month : Grades 1 & Up, Before & After School Program (\$470 pre-CCFRI)

I/we have enclosed the **NON-REFUNDABLE** Registration Fee, as well as the **NON-REFUNDABLE** Deposit, which is 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 2025. I/we have also enclosed postdated cheques for the first of each month from September through to May. **On all cheques, I have written my child's name in the "MEMO" portion (bottom, left-hand corner).** All cheques are made out in full to : *Discovery Montessori School*.

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I/we understand that the above payable tuition charges include the Child Care Fee Reduction Initiative, and may be cancelled at any time. If cancelled, I/we understand tuition fees will revert back to pre-CCFRI amounts.

I/we understand my/our obligation to pay the charges for the full academic year is unconditional, and 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 & Deposit is NON-REFUNDABLE under any circumstance.**

INITIAL

HERE

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 the School (as stated in the School's "Parent Handbook"). I/we agree to all scheduled school closures as outlined in the School's Calendar, or any unforeseen school closures beyond the School's control. 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 of the School's activities unless the School receives written notice to the contrary.

Parent(s)/Guardian(s) Signatures

Date (day/month/year)