



2850 Bloor St West Toronto, ON
416 234 9127

Child Information

Full Legal Name:	Preferred Name:
Date of Birth:	Sex:
Home Address(es):	
Language(s) Spoken at Home:	
Other children in the family (age & sex):	

Application for Attendance

<input type="radio"/> AM session 9:00am-12:00pm	<input type="radio"/> Extended morning 8:00am-9:00am
<input type="radio"/> Full day session 9:00am-3:30pm	<input type="radio"/> Extended afternoon 3:30pm-5:00pm
<input type="radio"/> Hot Lunch	

Parent Information

Full Legal Name:	Preferred Name:
Relationship to Child:	Primary Phone Number:
Alternate Phone Number:	Email address(es):
Occupation:	Employer:
Home Address: <input type="checkbox"/> Same as Child	



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Full Legal Name:	Preferred Name:
Relationship to Child:	Primary Phone Number:
Alternate Phone Number:	Email address(es):
Occupation:	Employer:
Home Address: <input type="checkbox"/> Same as Child	

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to legal right of access to your child? YES NO

If YES, please provide a copy of the appropriate legal documentation (e.g., court order).

Name(s) of custodial parent(s):

Name(s) of individuals prohibited from accessing/picking up your child:

Emergency Contacts

In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted.



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Emergency Contact #1	Emergency Contact #2
Full Legal Name:	Full Legal Name:
Preferred Name:	Preferred Name:
Relationship to Child:	Relationship to Child:
Primary Phone Number:	Primary Phone Number:
Alternate Phone Number:	Alternate Phone Number:
Home Address:	Home Address:
<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child

Pick-Up Authorization

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identify before the child will be released):

Full Legal Name	Relationship to Child	Primary Phone

Additional Emergency Information

Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g., known medical conditions, skin conditions, vision/hearing difficulties):



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Health Information

If your child has had any history of communicable diseases please list them below:

Measles Mumps German measles Whooping Cough Chicken Pox

List of Reportable Diseases

Acquired immunodeficiency syndrome (AIDS)	Chancroid	Chlamydia trachomatis infections	Creutzfeldt-Jakob disease, all types
Cytomegalovirus infection, congenital	Encephalitis	Gonorrhea	Hemorrhagic fevers
Hepatitis B	Hepatitis C	Influenza	Legionellosis
Leprosy	Meningitis, acute	Ophthalmia neonatorum	Personal service settings
Respiratory infections, including institutional outbreaks	Severe acute respiratory syndrome (SARS)	Streptococcal infections	Syphilis
Tuberculosis			

Does your child have any medical need(s) that requires additional support (e.g., Diabetes)?

YES NO

If yes, an individualized plan for children with medical needs must be developed between the parent and the school prior to the child's first day.

Immunization Records

Please provide a copy of your child's immunization record (e.g., yellow card) to the school prior to your child's first day. If you do not have an immunization record, please complete the chart below.

If you have chosen not to immunize your child, a [Statement of Medical Exemption](#) form or a [Statement of Conscious or Religious Belief](#) form must be completed and provided to the school.

Vaccine (Age Usually Given)	Date(s) of Immunization
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DTaP-IPV-Hib (2 mos, 4 mos, 6 mos, 18 mos) Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b				
Pneu-C-13 (2 mos, 4 mos) Pneumococcal Conjugate 13				
Rot-1 (2 mos, 4 mos) Rotavirus				
Men-C-C (12 mos) Meningococcal Conjugate C				
MMR (12 mos) Measles, Mumps, Rubella				
Var (15 mos) Varicella				
MMRV (4-6 years) Measles, Mumps, Rubella, Varicella				
Tdap-IPV (4-6 years) Tetanus, diphtheria, pertussis, Polio				
Inf (every year in the fall) Influenza				
Other (please specify)				



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Allergy Information

Does your child have a **life-threatening allergy** (e.g., anaphylactic to peanuts or bee stings)?

YES NO

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the school prior to the child's start date.

Does your child have any allergies that are not life-threatening (food or other substance [e.g., latex])?

YES NO

If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

Dietary and Feeding Arrangements

Does your child have any special feeding arrangements)?

YES NO

If yes, please provide relevant details:

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)?

YES NO

If yes, please provide relevant details:

Physical Requirements

Does your child:

☐ Uses the washroom independently ☐ Requires some assistance ☐ Requires full support

Please provide relevant details:

Does your child require any additional support or accommodation with respect to physical activity?

YES NO

If yes, please provide relevant details:



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Sleep Arrangements

How many naps does your child typically have each day? _____

At what times does your child typically nap? _____

How long does your child usually nap? _____

Does your child have any special sleep requirements ?

YES NO

If yes, please provide relevant details below:

Additional Information

Please indicate any additional information that is relevant to the care of your child (e.g., prone to colds, frequent shoulder dislocation, etc.):

I hereby apply for admission of the above-mentioned child.

I have read the "policy and terms of enrollment" sheet provided by the school and agree to be bound by the contents.

Payment in post-dated cheques payable to Prince Edward Montessori School is enclosed.

Parent Name

Parent Signature

Date (dd/mm/yyyy)

Staff Name

Staff Signature

Date (dd/mm/yyyy)

Note: 'Parent' is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child as a child of his or her family, and includes legal guardians.