

2010 Application for March Break Camp



(613) 692-1969

Half Days \$150.00 Full Days \$200.00

Child's Name _____

If the following information is the same as the General Enrollment previously filled out, please select this box:

Otherwise, please complete this form.

Birth Date _____ Male Female
d/m/y

Home Address _____
Street Name Apartment Number

Home Telephone (_____) _____ City Health Card Number _____ Province _____ Postal Code
(optional)

Business Address — Father Mother _____
Street Name

_____ City _____ Province _____ Postal Code

Father's Name _____

Business Telephone — Father (_____) _____
Extension

Mother's Name _____

Business Telephone — Mother (_____) _____
Extension

How did you hear about Manotick Montessori School? _____

Signatures of parent /guardian required. By signing the following, we agree to register our child in the Manotick Montessori School. We agree to pay the tuition fees according to the Program selected.

Mother's Signature

Date

Father's Signature

Date

Guardian's Signature

Date

General Health



(613) 692-1969

The description at the left is to be completed for new students.

To help us work better with your child, please describe your child, commenting on general behavior, his/her personality traits and anything else that you would feel beneficial for the directresses to know. For example, on-going health problems, habits, any medical treatments and/or therapy etc... Please give us as much information on your child that you feel would be helpful to his/her growth with us.

THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

Please hand in a copy of your child's immunization record.

Is your child used to an afternoon nap? Yes No

Has your child had any difficulties with:

Toileting Yes No

Allergies Yes No

Speech Yes No

Hearing or Sight Yes No

Release Indemnity Agreement and Declaration



(613) 692-1969

In consideration of the application for admission being considered, and in consideration of the admission of the child(ren):

At MANOTICK MONTESSORI CASA DEI BAMBINI, the undersigned agree(s) to release, discharge, indemnify completely and save harmless MANOTICK MONTESSORI CASA DEI BAMBINI, its directors employees, servants and agents from all claims actions and demands whatsoever in respect to any damage, loss or injury to the person or property of the child(ren) named above or to any persons claiming under the Family Law Act Of Ontario or any amendments, extensions of the replacement legislation.

This indemnity does not extend to cases of negligence of an employee, servant or agent of the MANOTICK MONTESSORI CASA DEI BAMBINI acting within the scope of his/her duties.

We, the undersigned, do hereby declare that all the statements made to us are correct and acknowledge and agree to all the terms and conditions contained in the application.

MOTHER: _____ DATE: _____

Name:(Please Print) _____

FATHER: _____ DATE: _____

Name:(Please Print) _____

Emergency and Medical Care Request Form



(613) 692-1969

Contact person in case of emergency or illness — please give name, and phone number of someone to be contacted if you are unavailable:

Child(ren)'s Doctor _____

Name _____

Address _____

Phone number _____

In case of emergency school closing, and no one is at home where do you wish your child to be sent?

Name _____

Address _____

Phone number _____