GALAXY MONTESSORI

130 Tower Hill Rd.
Richmond Hill, Ontario L4E 0K6
Tel: (905) 884-3252
web: www.galaxymontessori.com
Email: info@galaxymontessori.com

Registration Form

Registration Procedure

- ❑ Registration fee of $ 250 non-refundable and non-transferable
- ❑ Registration Fee of $150 for Subsequent siblings in family if applicable
- ❑ Come visit us with your child "1st visit" (maximum 2 adults) **Mandatory**
- ❑ Submit this form along with Registration fee(s)

Enrollment

School Administration will notify you 30 days prior to the Enrollment date. If you wish to accept you are required to visit the school and bring the following:

- ❑ Deposit fee (one month).
- ❑ Submit a copy of immunization records
- ❑ Review and sign all school forms and policies.

Place your child's current photo

We will make every effort to fulfill the requested enrollment date; however this date is subject to school availability and is not guaranteed. To guarantee enrollment we must receive the required deposit fee along with a signed copy of all documents provided at that time. Failure to meet these requirements will be considered withdrawn of application. If you wish to not accept the proposed date we will provide you with one more additional date at a later time. Registration fee will not be returned at any time. Deposit is non-refundable and non-transferable. Upon enrollment Deposit fee can be used toward the last month's tuition upon receiving a 30 days written notifications of withdrawal. Make cheques payable to: **Galaxy Montessori**

Child Information

Last Name:		First Name:		Middle Initial:	
Date of Birth: (YYYY/MM/DD)	Gender: ❑ Girl	❑ Boy	Potty Trained: ❑ Yes	❑ No	
Home Address:			City:		
Province: **ON**	Postal Code: ____-____		Home Phone: ( ) ____-_____		
Child lives with —			❑ Other _____		
Siblings: #	Name: *First name*	Age:	Name: *First name*	Age:	

Program Registration

Requested Enrollment Date: *DD-MM-YY* *(Requested Enrollment date is not guaranteed until confirmed by school administration)*

Pre-Casa (18 months - 3 years)
- ❑ Casa 1 Program (3 – 4 ½ years)
- ❑ Casa 2 Program (4 - 6 years)

- ❑ Full Time (Full curriculum included)
- ❑ Part Time (Monday / Wednesday, Alt. Fridays
- ❑ Part Time (Tuesday, Thursdays, Alt. Fridays

Drop off Window:	❑ 7:00 AM – 8:00 AM	Pick up Windows	❑ 3:00 PM – 4:00 PM
	❑ 8:00 AM – 9:00 AM		❑ 4:00 PM – 5:00PM
	❑ Other : _____		❑ 5:00 PM – 6:00 PM

Emergency Contact Person: (Please provide two contact **other than parents or legal guardians**)

Full Name:		Full Name:	
Relationship to child:		Relationship to child:	
Home Tel: ( ) ____-_____	Cell: ( ) ____-_____	Home Tel: ( ) ____-_____	Cell: ( ) ____-
Home Address:		Home Address:	

Parent #1 HandKey No._____ Parent #1 HandKey No._____ Student ID: _____

Parent Information

Mother / Legal Guardian

Last Name:		Mother's First Name:	
Home ~~A~~ddress: *(only if different from child)*			
City:	Province: **ON**	Postal Code: ___-___	
Home Phone: ( ) ____-_____	Cell: ( ) ____-_____	Work: ( ) ____-_____ EXT:	
Email address:		❑ Send me school updates electronically	
Employer's Name:		Occupation:	
Work Address:	City:	Province:	Postal Code: ___-___

Father / Legal Guardian

Last Name:		Father's First Name:	
Home Address: *(only if different from child)*			
City:	Province: **ON**	Postal Code: ___-___	
Home Phone: ( ) ____-_____	Cell: ( ) ____-_____	Work: ( ) ____-_____ EXT:	
Email address:		❑ Send me school updates electronically	
Employer's Name:		Occupation:	
Work Address:	City:	Province:	Postal Code: ___-___

Authorized People to Pick up the Child *(other than parents, Photo ID required)*

Name:	Name:
Relationship to child:	Relationship to child:

Medical Information

Family Doctor Last name: **Dr.**	First Name:	Phone: ( ) ____-_____	
Address:	City:	Province: **ON**	Postal Code: ___-___

Medical History: Please indicate any medical history and complication for your child

Condition	Details		
❑ Communicable Diseases			
❑ Dietary Restrictions	**1)**	**2)**	**3)**
❑ Other	**1)**	**2)**	**3)**
Allergies: *(Name all)*	**1)**	**2)**	**3)**

Does your child require an Epi Pen	❑ Yes	❑ No	What is the allergen

List of Symptoms if the Child is ill

Instructions for rest & exercise

Parent Signature _____ Date : _____

School Principal / Supervisor Signature _____ Date: _____

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