



## Forest Grove Montessori Application Form --

**53 Madawaska Ave, North York ON M2M 2R2**

**Tell:416-225-1666**

### For Office Use Only

Date of Admission: dd/mm/yyyy

Date of Discharge: dd/mm/yyyy

Type of Child Care Required: Full-time only (as per CWELCC guidelines)

Age Group Placement at Time of Enrolment:

Toddler (18 – 3)  Preschool (2.5 – 4)  Junior and Senior Kindergarten (4 - 5) Hours of Care:

**Parents may choose to have their child attend part time or fewer days per week; however, the full-time monthly fee will still apply.**

MON	TUES	WED	THURS	FRI	SAT	SUN

### Child Information

**Full Legal Name:**

**Preferred Name:**

**Date of Birth** (dd/mm/yyyy):

**Age** (years, months):

**Home Address(es):**

**Language(s) Spoken at Home:**

**Other children in the family enrolled in the centre (list names, if applicable):**

### Parent Information

**Full Legal Name:**

**Preferred Name:**

**Relationship to Child:**

**Primary Phone Number:**

**Alternate Phone Number:**

**Email address(es):**

**Home Address:**

Same as Child

Full Legal Name:

Preferred Name:

Relationship to Child:

Primary Phone Number:

Alternate Phone Number:

Email address(es):

Home Address:

 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) permitted to access/pick up your child: \_\_\_\_\_

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

**The centre reserves the right to refuse the release of a child if proper identification is not provided.****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):

**Health Information**

If your child has had any history of communicable diseases (e.g., chicken pox, measles), please list them below (see Appendix C for common communicable diseases from Health Canada):

Does your child have any medical needs 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 child care centre prior to the child's first day of care.

## Immunization Records

Please provide a copy of your child's immunization record (e.g., yellow card) to the centre prior to your child's first day of care. 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 centre. These forms are available on the Ministry of Education's website.

Vaccine (Age Usually Given) <sup>1</sup>	Date of Immunization Dose 1	Date of Immunization Dose 2	Date of Immunization Dose 3	Date of Immunization Dose 4
<b>DTaP-IPV-Hib</b> (2 mos, 4 mos, 6 mos, 18 mos) Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b				
<b>Pneu-C-13</b> (2 mos, 4 mos) Pneumococcal Conjugate 13				
<b>Rot-1</b> (2 mos, 4 mos) Rotavirus				
<b>Men-C-C (12 mos)</b> <b>Meningococcal Conjugate C</b>				
<b>MMR</b> (12 mos) Measles, Mumps, Rubella				
<b>Var (15 mos)</b> Varicella				
<b>MMRV (4-6 years)</b> Measles, Mumps, Rubella, Varicella				
<b>Tdap-IPV (4-6 years)</b> Tetanus, diphtheria, pertussis, Polio				
<b>Inf (every year in the fall)</b> Influenza				
<b>Other (please specify)</b>				

## 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 childcare centre 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

\*For children under 12 months, please complete, Appendix A: Supplementary Information for Children Under 12 Months.

Does your child have any feeding arrangements (e.g., no sippy cups, mashed/pureed food)?

YES  NO

If yes, please provide relevant details:

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

YES  NO

If yes, please provide relevant details:

## Sleep Arrangements

\*For children under 12 months, please complete, Appendix A: Supplementary Information for Children Under 12 Months.

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 (e.g., specific comfort item, soother)?

YES  NO

If yes, please provide relevant details below:

## Physical Requirements

Does your child use diapers?

YES  NO

If no, my 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:

### 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.):

Parent Name

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Parent Signature

Date (dd/mm/yyyy)

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Staff Name

---

Staff Signature

Date (dd/mm/yyyy)

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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.

### Appendix A: Supplementary Information for Children Under 2.5 years Old

Child's Full Legal Name:

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Child's Date of Birth (dd/mm/yyyy):

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Age (in months):

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Feeding Arrangements

My child drinks:  Milk from Home

My child eats solid foods YES  NO

If YES, food must be:  pureed  mashed  steamed until soft  other:

My child can self-feed: YES (independently) YES (with support) NO

Please provide any other relevant instructions regarding feeding arrangements for your child (e.g., meal times, favourite foods):

**Sleep Arrangements**

At what times does your child typically nap? \_\_\_\_\_

How long does your child usually nap? \_\_\_\_\_

Does your child have any special sleep requirements (e.g., soother, must be rocked to sleep)?

YES  NO

If yes, please provide relevant details:

Date (dd/mm/yyyy)

Signature of Parent

**Appendix B: Authorization for Non-Prescription, Over-the-counter Products**

Child's Full Legal Name:

Date of Birth (dd/mm/yyyy):

The following **non-prescription** items may be applied to my child (please check off):

- Sunscreen
- Diaper cream
- Lip balm
- Hand sanitizer
- Insect repellent
- Moisturizing skin lotion

Items Provided by FGMS:	Items Provided by Parents	Additional Parent Instructions
Bed Sheets	Extra Shoes	
Hand Sanitizer	Water Bottle	
	Diaper & Diaper Cream (if needed)	
	Wipes	
	Extra Clothes	

I understand that:

- such items will be stored in accordance with the instructions on the label.
- such containers or packages will be clearly labelled with my child’s name and the name of the item.
- such items will be administered to my child only from the original container or package and in accordance with any instructions on the label and any other instructions provided by me or another parent of my child.

Note: Consider adding the brand name of the non-prescription items for transparency.

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix C: List of Communicable Diseases

Parents/Guardians are advised that Forest Grove Montessori Preschool follows Ministry of Education and public health guidelines regarding communicable diseases. Children who are diagnosed with or exposed to any of the following may be required to stay home or follow exclusion procedures as outlined by the school and local public health authorities.

- 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

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Enrollment & Registration Agreement (2025–2026)

By signing this agreement, I/we acknowledge and agree to the following **Enrollment Terms and Conditions** and **Programs, Fees, and Operational Policies**, and confirm that we will adhere to the policies, rules, and regulations of Forest Grove Montessori Preschool, as set forth in the Parents' Handbook and any other policies issued by the school.

### I. Enrollment Terms and Conditions

1. **Admission:** A child will not be admitted unless all enrollment forms are completed in full and signed by the parent(s)/guardian(s).
2. **Tuition Responsibility:** The child is enrolled for the full academic year (or from the date of enrollment until the end of June), and the parent(s)/guardian(s) are responsible for full tuition fees. Tuition fees are not adjusted for holidays, sickness, or absences.
3. **Returning Students:** Previously completed Medical Information, Medical Consent, and Enrollment Contract forms remain in effect. Updated immunization records must be provided upon re-enrollment.
4. **Withdrawal for Adjustment/Behavior:** If a child has not adjusted to the program or exhibits behaviors that disrupt the learning environment, the school may require withdrawal. Tuition fees for services not rendered (excluding registration) will be refunded on a pro-rata basis.
5. **Liability:** Parents release and indemnify the school, its staff, operators, administrators, agents, and property owners from any claims arising from injury, accident, or illness.
6. **Activities:** Children may participate in school activities (field trips, fitness programs) with associated fees in addition to tuition.
7. **Photo Consent:** Parents consent to the school photographing their child at special events for promotional purposes.
8. **Late Pick-Up:** A late pick-up fee applies when staff must remain beyond scheduled hours. Transportation is the responsibility of parent(s)/guardian(s).
9. **Medical & Consent Forms:** Children may not be admitted without completed forms (including updated immunization). Failure to disclose accurate medical or behavioral information may result in dismissal.
10. **Allergy & Food Policy:** Parents agree not to bring or allow children to bring toys, food, candy, or snacks into the school.
11. **Toilet Training:** Children in the Montessori program (minimum 2.5 years) must be fully toilet-trained. Children not meeting this requirement may be withdrawn; registration and last month's tuition fees are nonrefundable.
12. **Other Policies:** All other policies in the Parents' Handbook or issued by the school are binding on parent(s)/guardian(s).

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**II. Programs & Tuition Fee:**

<b>Programs Offered</b>	<b>Tuition Fee Before CWELCC</b>	<b>Parent Fee CWELCC (\$22 per Day)</b>
<input type="checkbox"/> <b>Toddler (18 – 30/36 months)</b>	<input type="checkbox"/> <b>5 Full Days (8:00-5:00) -----\$1350</b>	<b>\$ 478.50</b>
<input type="checkbox"/> <b>Casa (2.5 - 6 years old)</b>	<input type="checkbox"/> <b>5 Full Days (8:00-5:00) ----- \$1250</b>	<b>\$ 478.50</b>
<b>Extended Hours</b>	<input type="checkbox"/> <b>Before School Program: 8:00 a.m.-9:00 a.m. (no fee)</b>	
	<input type="checkbox"/> <b>After School Program: 3:30 p.m. – 5:00 p.m. (no fee)</b>	
	<input type="checkbox"/> <b>Extended Hours: (5:00 p.m. – 6:00 p.m.) ----\$100</b>	

**Full Enrollment & Registration Agreement 2026–2027****I. Enrollment Terms and Conditions**

- Admission requires all forms to be completed and signed.
- Tuition is for the full academic year and not adjusted for absences, illness, or holidays.
- Updated immunization records required annually.
- The school may require withdrawal if a child does not adjust; unused tuition (excluding fees) may be prorated.
- Parents release the school from liability for injury or illness.
- Additional fees may apply for field trips and special programs.
- Photo consent is granted for school use.
- Late pick-up fees apply after scheduled hours.
- All medical and consent forms must be completed.
- Outside food is not permitted unless approved.
- Casa children are expected to be toilet trained.
- All Parent Handbook policies apply.

**II. School Hours**

**Centre Hours:** 8:00 a.m. – 6:00 p.m.

**Program Hours:** 8:30 a.m. – 3:30 p.m.

### III. Enrollment Requirements

1. PAD Form (preferred)
  - One-month non-refundable deposit
  - Monthly tuition payments
2. Immunization record
3. Birth certificate (new students)

### IV. Payment Methods (Select One)

- 1. PAD – Preferred
- 2. Debit Card
- 3. Credit Card (3% fee applies – in person or phone)
- 4. e-Transfer (EMT)
- 5. Cash

Note: Credit card payments can be processed by phone.

### V. Payment Policy

- Payments are non-refundable and non-transferable.
- No refunds for absences, illness, or vacations.
- 60 days written notice required for withdrawal.
- \$60 NSF fee applies.
- A late payment fee of \$50 applies after 5 days overdue.
- Accounts over 30 days overdue may result in suspension.

### VI. CWELCC

This centre participates in CWELCC. Fees are subject to eligibility and government guidelines.

### VII. Parent Agreement

I have read and agree to all policies.

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Forest Grove Montessori Preschool**  
**Medical Consent and Emergency Authorization**

**I/We authorize the staff of Forest Grove Montessori Preschool to take all reasonable and necessary steps to obtain emergency medical care for my/our child if required.**

This may include:

- Contacting a parent or guardian
- Contacting the child's physician
- Contacting the emergency contact listed on the registration form

If the above individuals cannot be reached, I/We authorize the staff to:

- Contact another licensed physician
- Call emergency services (911)
- Arrange transportation of the child to the nearest hospital, accompanied by a staff member

I/We understand that any medical expenses incurred are the responsibility of the child's parent(s)/guardian(s).

**Important:** Forest Grove Montessori Preschool is not responsible for any incident arising from incomplete, inaccurate, or outdated information provided at the time of enrollment.

I/We confirm that we have read, understood, and agree to the above terms.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_