



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: Full-time (as per CWELCC guidelines)

<input type="checkbox"/> Toddler (18 – 3 years)	<input type="checkbox"/> Preschool (2.5 – 4)
<input type="checkbox"/> Junior and Senior Kindergarten (4 - 5)	

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

TUES	MON	WED	THURS	FRI	SAT	SUN

Child Information

Full Legal Name:

Preferred Name:

Start Day:

Gender: Male Female Prefer not to say

Language(s) Spoken at Home:

Date of Birth (dd/mm/yyyy):

Age (years, months):

Home Address(es):

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

Parent 1: Information

Full Legal Name

Relationship to Child:

Primary Phone Number:

Alternate Phone Number:

Email address(es):

Home Address:

Same as Child

Parent 2: Information

Full Legal Name:

Relationship to Child:

Primary Phone Number:

Alternate Phone Number:

Email address(es):

Home Address:

Same as Child

Parent Initials: _____

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to the 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

Parent Initials: _____

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 require 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 childcare 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) ¹	Date of Immunization Dose 1	Date of Immunization Dose 2	Date of Immunization Dose 3	Date of Immunization Dose 4
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)				

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 2 years:**

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 4 years, please complete:**

How many naps does your child typically have each day?

At what times and how long does your child typically nap?

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

YES NO

Parent Initials: _____

Physical Requirements

Does your child use diapers?

YES NO

If no, my child:

- Use 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 Initials: _____

Appendix A: Supplementary Information for Children

My child drinks: Cow's milk (provided by the school)

Milk from home (e.g., goat milk, oat milk, etc.)

My child eats solid foods YES NO

My child can self-feed: YES NO

Independently: YES NO

With support: YES NO

Please provide any other relevant instructions regarding feeding arrangements for your child (e.g., mealtimes ...)

Parent Initials: _____

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

Child's Name:

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
- Moisturizing Hand Soap (for children with eczema, sensitive skin, or dry hands)

- 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.

Please review the lists below for items provided by FGMS and items that must be provided by parents.

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

Parent Initials: _____

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 Initials: _____

Enrollment & Registration Agreement (2025–2026)

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 August). Tuition fees are not adjusted for holidays, illness, vacations, statutory holidays, school closures, or absences.
3. **Returning Students:** Previously completed Medical Information, Medical Consent, and Enrollment Contract forms remain in effect unless updated by the parent(s)/guardian(s). Updated immunization records must be provided upon re-enrollment.
4. **Withdrawal for Adjustment/Behavior:** Withdrawal & Adjustment to the Program: Parent(s)/guardian(s) must provide a minimum of two (2) months' written notice when withdrawing their child from the program. If a child has not adjusted to the program or exhibits behaviors that significantly disrupt the learning environment or compromise the safety and well-being of others, the school may require withdrawal. In such cases, any prepaid tuition for services not rendered 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 claims arising from injury, accident, or illness, except where caused by the negligence of the school or its employees.
6. **Activities:** Children may participate in school activities, special events, field trips, and fitness programs. Additional fees may apply.
7. **Photo Consent:** Parents may provide consent for the school to photograph or video record their child during school activities and special events for educational, communication, and promotional purposes through a separate Photo Consent Form.
8. **Late Pick-Up:** A late pick-up fee of **\$1.00** per minute per child will be charged when a child is picked up after the scheduled closing time.
9. **Transportation:** Transportation to and from the school is the responsibility of the parent(s)/guardian(s).
10. **Medical & Consent Forms:** Children may not be admitted without completed medical and consent forms, including up-to-date immunization records or a valid exemption as required by law. Failure to disclose accurate medical, developmental, or behavioral information may result in dismissal.
11. **Allergy & Food Policy:** To help maintain a safe environment for all children, parents are asked not to bring food, candy, gum, or snacks into the school unless specifically requested or approved by the school. Personal toys should remain at home unless requested by staff.
12. **Toilet Training:** Children enrolled in the Montessori program (minimum age 2.5 years) are expected to be fully or almost toilet-trained. If a child is not yet developmentally ready for the program due to toileting needs, the school may determine that the program is not suitable at that time.
13. **Communication:** Parents are responsible for keeping their contact information up to date and for reviewing all school communications, notices, emails, newsletters, and messages sent through the school's communication platforms.
14. **Other Policies:** All policies contained in the Parent Handbook, enrollment package, and any policies issued by the school from time-to-time form part of this agreement and are binding on the parent(s)/guardian(s).

Parent Initials: _____

II. Programs & Tuition Fee:

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

III. School Hours

Centre Hours: 8:00 a.m. – 6:00 p.m.

Program Hours: 9:00 a.m. – 4:00 p.m.

IV. Enrollment Requirements

1. Completed Registration Form
2. Last Month deposit via EMT: \$478.50
3. Monthly tuition payments
4. Immunization record
5. Birth certificate

Parent Initials: _____

V. Payment Methods (Select One)

- 1. PAD
- 2. Debit Card
- 3. Credit Card (6% fee applies – in person or phone)
- 4. e-Transfer (EMT)
- 5. Cash

Note: Credit card payments can be processed by phone.

VI. Payment Policy

- 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.

VII. CWELCC

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

VIII. Parent Agreement

I have read and agree to all policies.

Parent Initials: _____

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.

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.

Parent/Guardian Name: _____

Signature: _____

Date: _____