



APPLICATION FOR ADMISSION 2025/26

New Enrollment? (Y/N) _____

Discharge Date _____

A) Contact Information: (Please Print Clearly)

Legal Name of Child: _____

Date of Registration: _____

Preferred Name: _____

Male/Female: _____

Child's Birthday: Year ____ Month ____ Day ____

Age: ____ Grade: ____

Parent's Name**: _____

Parent's Name**: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Work Email: _____

Work Email: _____

Work Phone: _____

Work Phone: _____

Work Address: _____

Work Address: _____

Address: (primary) _____

Postal Code: _____

Please check off:

Morning (8:00-8:30 am) Afternoon (4:00-6:00 pm) Both Morning & Afternoon

Would you like to be on the parent council? Please check if yes.

Do you give permission to share your contact information with other parents? Please check off if yes.

Emergency contact (other than parent/guardian):

Name: _____ Relationship to Child: _____ Phone Number: _____

1. _____

2. _____

3. _____

*Person responsible for transportation (other than parent/guardian):

Name: _____ Relationship to Child: _____ Phone Number: _____

1. _____

2. _____

3. _____

***Please be sure to provide a piece of ID for ALL individuals responsible for pick-up/ drop-off**

**** If both parents do not have equal access/custody of this child, please provide us with documentation**

B) Medical Information:

Child's Name: _____

OHIP CARD: _____

Family Physician: _____

Phone: _____

Address: (primary) _____

Postal Code: _____

Has your child been diagnosed with any disease? Please specify.

Has your child been immunized? _____ Name of Health Unit: _____

Has your child's vision been checked? _____ Corrective lenses required? _____

Has your child's hearing been checked? _____ Does your child sleep well? _____

Has your child ever had any serious illness or accident? Please specify.

If your child has eczema, asthma or allergies, please specify and describe the reaction:

If your child is receiving medication on an ongoing basis, please describe, including any potential side effects:

Please describe your approach to ensuring your child is on a healthy diet, including limiting sugar.

Does your child have a nap?

C) Documentation:

We are required by the Ontario Ministry of Education to keep copies of the following documents on file. Please supply original documents, which we will photocopy.

- Birth Certificate OHIP Card Immunization Records Medication documentation



D) General Information:

Child's Name: _____

Language(s) spoken at home: _____

Citizenship: _____

If not a Canadian Citizen, type of visa and expiry date: _____

Does your child have any behavior problems that you are aware of? Does your child have any physical or medical conditions that our staff should be informed about? If applicable, please describe these concerns, including any environmental or medical factors that might trigger them.

Please give a brief outline of your approach to discipline at home.

Does your child have any developmental delays that he/she is receiving treatment for, including speech delays? Please provide copies of relevant therapist reports.

E) Academic Information:

Previous School/Day Care: _____ Phone: _____

Address: _____ Contact: _____

Does your child need special attention with any of the following? Please describe any difficulties.

- Reading Writing Math Study Discipline Attention Socialization

By enrolling in Alive Montessori Preschool, what do you hope to achieve for your child?

Parent or Guardian signature



Voluntary Participation in Alive Montessori & Private School and Related Activities Full Release and Waiver of All Claims (just during the pandemic - npr. Covid-19)

I, _____, am the parent or legal guardian of _____ ("Child"), and agree and consent to the following:

I understand that **Alive Montessori & Private School** will operate during the pandemic.

The Ministry of Education requires Alive Montessori to comply with the health and safety rules and procedures outlined in the attached Parent Handbook. I understand that Alive Montessori & Private School is only responsible to maintain compliance with such Regulations, and that no statement has been made by Alive Montessori which may be construed as a guarantee regarding the health or safety of my Child, including, without limitation, exposure to or transmission of COVID-19.

I understand and acknowledge that my Child's participation in the child care and summer camp provided by Alive Montessori is for my benefit and convenience, and based on my sole, voluntary, and unbiased discretion. I further understand that Alive Montessori may from time to time offer activities, crafts, exercise, educational, or other similar activities (collectively, "Activities") in which my Child may participate. I understand that my Child is not required to participate in these Activities.

I also understand that Alive Montessori and/or its agents and employees shall not be liable for any claim or potential claim for damages or other benefits in connection with any injury or illness suffered or contracted by my Child in connection with my Child's participation in the child care services or Activities provided by Alive Montessori. I further agree to indemnify and hold Company and its parents, subsidiaries, divisions, past and current affiliated entities and successors, insurance carriers, partners, officers, agents, managers, employees, representatives, board members, attorneys, and assigns, in their official and individual capacities, harmless for any injuries sustained and any illnesses contracted by me or my Child in connection with the Company's provision of child care services or Activities.

I agree that I am in the best position to assess and understand the health and physical condition of my Child and of myself, and I understand that it is my responsibility to consult with a physician prior to and regarding my Child's participation in Alive Montessori or the Activities. I affirm that my Child is fit and healthy enough to participate in any Activity and will refrain from engaging in such Activities if he or she is not physically fit enough to participate. I further waive any claims for personal injuries arising out of participation in these Activities. I assume all liability and take full responsibility for my actions, safety and welfare, and for my Child's action, safety and welfare.

By entering into this Full Release and Waiver, I have not relied on any oral or written representation or statement made by Alive Montessori and/or its agents and employees, other than what is set forth in this Full Release and Waiver. Any revocation of this Full Release and Waiver must be in writing and delivered to Alive Montessori prior to participation in a specified Activity.

Signature

Date



CONSENT TO TREAT MINOR CHILDREN

I, _____, parent or legal guardian of _____, born the ___ day of _____, 20__ do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of _____ of Alive Montessori & private School, City of Toronto and I am not reasonably available by telephone to give consent.

This authorization is effective from the ___ day of _____, 20__ to ___ day of _____, 20__

Signature of Parent or Legal Guardian

Date

Witness Signature

Witness Name (please print)

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment. This additional information will assist in treatment if it can be furnished with consent but is not required.

Family Address _____

Father's Telephone: _____ Mother's Telephone: _____

Last Tetanus: _____

Allergies to drugs or foods: _____

Special Medications, Blood Type or Pertinent Information: _____

Child's Physician: _____ Phone: _____

Insurance: _____ Policy # _____

Preferred Hospital: _____



Student Media Release Consent (School/Alive Montessori Events)

I, _____ the parent/guardian, _____ hereby agree and give my permission for Alive Montessori & Private School (“Alive Montessori”) to record, film, photograph, audiotape or videotape my child’s image, student work, and/or performance (here in after collectively referred to as “Works”), and to display, publish or distribute these. Works without any compensation and on a royalty-free basis only for the purpose of promoting Alive Montessori, which may include posting on the Alive Montessori website, posting in schools, and/or posting on social media sites controlled by Alive Montessori.

Alive Montessori expressly agrees that the rights granted here may be revoked by the parent/guardian at any time in the parent/guardian's sole discretion.

AGREE

I DO NOT AGREE

I authorize my child to be identified in these Works by ...

First Name Only

First and Last Name

Parent or Guardian



Hand Sanitizer Use

Dear Alive Parents,

Childcare and preschool programs in Alive Montessori & Private School receive guidelines from the MoE Department concerning the use of hand sanitizers in preschool settings. These guidelines require Alive Montessori & Private School to have written permission to use hand sanitizer for each child and to keep hand sanitizer out of the reach of children. ***Please DO NOT send hand sanitizer in or attached to your child's backpack or jacket.***

Hand Sanitizer Permission Form

Child's name: _____

Child's Date of Birth: _____

- I give Alive Montessori & Private School permission to use hand sanitizer on my child's hands in accordance with the TPH recommendations and regulations.
- My child may NOT use hand sanitizer.

Parent Signature

Date: _____



Parent or Guardian Parent Handbook Receipt Form

Parents or Guardians,

Please thoroughly review the Parent Handbook for the 2025-2026 school year, which contains the policies and procedures for Alive Montessori & Private School. After reading the handbook, please complete this form and return it to the school via email as soon as possible. This form will be kept in your child's file for the duration of the school year.

Thank you in advance for your cooperation.

I, _____ (print your name), the parent/guardian of _____ (print child's name), hereby acknowledge receipt of Alive Montessori & Private School's Parent Handbook. I have read and agree to adhere to all the policies and regulations set forth in this handbook.

Parent/Guardian Signature: _____

Date: _____



Permission/Consent Form for day trips

Parent/Guardian permission is required for your child to participate in school-related walking excursions in the nearby school community and within walking distance of the school (e.g. walks to the local library, stores, galleries or parks). All such excursions must be approved by the Principal and will be supervised by Alive Montessori staff.

We would like to bring the children to the park on a weekly basis and on walks around the neighborhood.

I DO give permission for my child to participate in school-related walking excursions as described above.

I DO NOT give permission for my child to participate in school-related excursions as described above.

Name of Parent/Guardian: _____

(Please print)

Signature of Parent/Guardian: _____ Date: _____



Sunscreen Permission Form

Child's Name: _____

Please apply sunscreen to your child every morning before drop-off, as required by weather conditions. As needed throughout the day, your child's care provider will assist with applying sunscreen to bare surfaces including the face, tops of ears and bare shoulders, arms, legs, and feet 15-30 mins before outdoor activity. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent / guardian.

Parent / Guardian Name _____

Signature _____

Date: _____



Emergency Card

Legal Name of Child: _____

Child's Birth Date: _____ Age: _____

Mother's Name: _____ Father's Name: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Address: _____ Postal Code: _____

Emergency Contact (other than parent/ guardian) in order of priority of contact:

Name	Relationship to Child	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

OHIP card: _____

Family Physician: _____ Phone: _____

Address: _____

Food Restrictions List: _____

Allergies: _____

Anaphylactic Emergency Plan (if applicable):

*Please only fill out if your child has allergies, must be filled out by a physician

*Please inform the school if your child has life threatening allergies before submitting the application.

(Name)

This child has a potentially life-threatening allergy (anaphylaxis) to:

- Peanuts _____
- Latex _____
- Tree Nuts _____
- Medication _____
- Egg _____
- Insect Stings _____
- Milk _____
- Other _____

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen.

People with food allergies should not share food or eat unmarked / bulk foods or products with a "may contain" warning.

Epinephrine Auto-Injector ("EpiPen"): Expiry Date _____

Location of AutoInjector(s): _____

Dosage:

- EpiPen Jr 0.15mg**
- EpiPen 0.30mg**
- Twinject 0.15mg**
- Twinject 0.30mg**
- Asthmatic:** Child is at greater risk. If a child is having a reaction and has difficulty breathing, give epinephrine auto-injector **before** asthma medication.



A person having an anaphylactic reaction might have ANY of these signs & symptoms:

- Skin: hives, swelling, itching, warmth, redness, rash
- Respiratory (breathing): wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay-fever-like symptoms (runny itchy nose & watery eyes, sneezing), trouble swallowing
- Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhea
- Cardiovascular (heart): pale/blue colour, weak pulse, passing out, dizzy / light-headed, shock
- Other: anxiety, headache, feeling of “impending doom”.

Early recognition of symptoms & immediate treatment could save a child’s life.

Act quickly. The first signs of a reaction can be mild, but symptoms can rapidly worsen:

- 1) Give epinephrine auto-injector at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergens. Give a second dose in 10 – 15 minutes or sooner IF the reaction continues or worsens.
- 2) Call 911: Tell them a child is having a life-threatening allergic reaction – use the word “anaphylactic”. Request an ambulance immediately.
- 3) Call the contact person
- 4) Escort the child in an ambulance and remain with the child until the parent arrives.

Emergency Contact Information:

Name Relationship Home Phone Work Phone Cell Phone:

The undersigned parent or guardian authorizes any adult to administer epinephrine to the above-named child in the event of an anaphylactic reaction, as described above. I also consent to the posting of this plan in every room operated and to the sharing of this information with all staff, students and volunteers.

_____	_____	_____	_____
Parent/Guardian Signature	Date	Physician’s Signature	Date



Anaphylaxis Emergency Plan:

Child's Address: _____

Date of Birth: _____

Home Telephone: _____

Emergency Action Plan:

Staff Roles and Responsibilities:

- Adhere to Anaphylactic Policy
- Staff will conduct a check to confirm the child has their required medication with them before each transition.

For example: Leaving various rooms and surrounding designated locations.

- Administer medications and/or instructions as set out in child's Individual Plan and Emergency Procedures
- Staff is to remain calm
- Staff will be debriefed
- Written report to be filled out by staff dealing with emergency
- Serious Occurrence to be filed.

I _____ acknowledge my participation in the development of the preceding emergency action plan and agree to execute reliably the parent commitments listed within them.

I give my consent for the staff of _____ to execute the childcare commitment as outlined within the plan. In the event of an emergency,

I authorize Alive Montessori Preschool staff to administer epinephrine to the above-named child in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the child's physician. I also consent to the posting of this plan in every group binder and to the sharing of this information with all staff and volunteers. I also consent to my child carrying his/her own epi-pen if they are the age of 3 years old or older and if my child is under this age, I allow the staff to carry it for them. I agree to assume responsibility for all costs associated with medical treatment and absolve Alive Montessori Preschool and its employees/volunteers of responsibility for any adverse reaction resulting from administration of the medication.

PARENT SIGNATURE: _____ **DATE:** _____

SCHOOL YEAR TERMS OF CONTRACT

General Terms

1. The terms of this contract apply for the school year in which the student is enrolled at Alive Montessori & Private School Inc(the "School").
2. A student will not be accepted into the School unless the new enrolment form has been completed in full and signed. All required tuition and fees as outlined in the current school year's payment schedule including the registration fee, material fee and first and last month's tuition, also a copy of the child's OHIP card or proof of health insurance, immunization record and Birth Certificate, must accompany the enrollment package.
3. It is the responsibility of parents or guardians to ensure that their child's immunization record is up to date. In the event that the Toronto Health Services Department issues an order of suspension, in which your child is suspended, the School is required to comply with such an order. Where the Toronto Region Health Services Department issues such an order, there will be no refunds whatsoever with respect to fees for a student who has been suspended. In addition, where there is an order or directive issued by a government authority or agency that results in students not being able to participate in the School program, there will be no refunds whatsoever with respect to fees for such students.
4. Parents and Guardians hereby acknowledge that the School is not free of allergens. I/We understand that my child may inadvertently come into contact with a substance he or she may be allergic to and that such contact may cause an allergic reaction. I understand that there are certain risks of allergen contact that are inherent in a school setting. If you wish to withdraw your child for a period of time or permanently, as a result of health issues or concerns arising from this, there will be no refunds whatsoever with respect to fees for such students.
5. There is a late pick up charge which is applied at the rate of \$1.00 per minute after 4:00 p.m. or at any time that AMPS staff has to remain beyond established hours to care for a student due to a late pick up.
6. The School reserves the right to accept or reject this application.
7. Operations
 - a. School reserves the right to make such rules and regulations for its operation as deemed appropriate and it is a condition of acceptance that these rules and regulations be observed.
 - b. Remote Learning Parents and Guardians hereby acknowledge and agree that the School reserves the right to use synchronous (real-time) and asynchronous online learning ("Remote Learning"), temporarily or indefinitely as part of the whole class instruction, in smaller groups of students, and/or in a one-on-one context for the school year. In case of a government mandated shutdown, tuition fees will be charged for 70% of the tuition rate, regardless of the student's online attendance.
 - c. Cancellation of In-Person Activities and Programs Parents and Guardians hereby acknowledge and agree that the School reserves the right at its sole discretion to suspend and or all in-person activities and programs, and the School further reserves the right to change its educational delivery model throughout the school year pursuant to guidance and directives from the Ministry of Health or the local Public Health Unit. The School shall continue to provide Remote Learning, subject to Section 10 (d) Force Majeure. Parents and Guardians further acknowledge and agree notwithstanding that they are signing this Contract during the crisis, all parties under this Contract will continue to comply with the terms of this Contract. For greater clarity, in the event that the School is required to close its physical locations and facilities and/or students are prohibited from returning to the campus of the School during the school year pursuant to the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 S.O. 2020, c. 17 and its regulations; or pursuant to an order made by the Government of Ontario declaring an emergency under section 7.0.1(1) of the Emergency Management and Civil Protection Act, RSO 1990, c E9; or pursuant to outbreak measures, Parents/Guardians will continue to comply with their obligations under this Contract including their obligations to pay fees pursuant to Section 2.
 - d. Force Majeure Parents and Guardians hereby acknowledge and agree that the School reserves the right at its sole discretion to suspend the obligations under this Contract for a period of time that a condition of Force Majeure exists. "Force Majeure" means a 'superior strength', strike, lock-out, act of public enemy, war, blockade, pandemic, and civil disturbance, or other causes beyond reasonable control of the School, such as to make Remote Learning impossible or impracticable as determined solely by the School. The School shall immediately notify Parents/Guardians of any suspension due to a Force Majeure event. The Parents/Guardians and the School agree to use their best efforts to eliminate the effects of the Force Majeure event and to resume performance of the Contract as soon as possible after the Force Majeure event ceases. The School is not liable for any costs incurred by the Parents/Guardians due to delays or non-performance of obligations pursuant to this Section.
8. The School reserves the right to change fees, discounts and / or method of payment at any time.
9. All new applicants must pay a one time \$250.00 registration fee which is not refundable for any reason.
10. A material fee is required from all new and re-registering applicants and is due upon enrollment before April 1st, 2025. This fee is applied to books, material and other activities during the school year. The activity fee is non-refundable for any reason including withdrawal from the School.

11. All new applicants must also pay the last month's deposit at time of registration. This is non refundable, for any reason whatsoever. It is applicable to the last month of enrollment upon withdrawal, provided only, if 60 days notice is given in writing.
12. **There are no refunds for early, unplanned, unexpected, or mid-month withdrawals, and no refunds for holidays, sick days, or days missed for any reason, throughout the school year. There are also no refunds for rescinded registration for any reason whatsoever.**
13. All payments will be processed the first of each month without exception. No payments will be held over until a future date for any reason whatsoever. A \$50.00 late fee will be charged for any monthly payments received after the first of any month.
14. A charge of \$50.00 will be levied against all declined payments, N.S.F. cheques or cheques returned for any reason.
15. Should fees remain outstanding five (5) days after the due date, i.e. the first day of the month, the School reserves the right to suspend or expel a student immediately and take whatever action it seems necessary to collect such overdue accounts.
16. **Withdrawal Procedure:** Written notice of a student's withdrawal from the School must be received two (2) months prior to the intended date of withdrawal, during which time payments are due. There will be no refund or transfer of the registration fee and the material fee or any other prepaid fees. If you have paid in advance, your fees will not be refunded upon early withdrawal, for any reason whatsoever.
17. **Full year service** We are a full year service provider, closed only during the Christmas holiday in December. If you wish to withdraw for the summer, you will lose your enrollment. We will not hold spots for returning students. Keep in mind, we have a long waitlist. You will have to reregister, subject to availability.
18. **Miscellaneous Contractual Terms**
 - a) **Non-Waiver** Neither the failure nor any delay on the part of the School to exercise any right, remedy, power or privilege under this Contract shall operate as a waiver thereof, nor shall any single or partial exercise of any right, remedy, power of privilege preclude any other or further exercise of a the same or any other right, remedy, power or privilege, nor shall any waiver of any right, remedy, power or privilege with respect to any occurrence be construed as a waiver of such right, remedy, power or privilege with respect to any other occurrence. No waiver shall be effective unless it is in writing and is signed by the party asserted to have granted such waiver.
 - b) **Amendment** No amendment, supplement, restatement or termination of any term of this Contract, save and except for the amendments to policies, guidelines, rules and schedules of the School, shall be binding upon the parties unless it is in writing and signed by the parties.
 - c) **Severability** In the event that any part of any provision of this Contract may prove to be illegal or unenforceable the other provisions of this Contract and the remainder of the provision in question shall continue in full force and effect.
 - d) **Governing Law and Jurisdiction** This Contract shall be interpreted and governed by the laws of the Province of Ontario. The parties attorn to the exclusive jurisdiction of the courts of the Province of Ontario and all courts competent to hear appeals therefrom.

I have read and understood the terms of contract, the methods of payment, and the policies of the School as outlined in the Student and Parent Handbook and I hereby agree to all the terms and conditions stated therein.

Parent's Full Name

Parent's or Guardian's Signature

Date

Payment Plan:

Please indicate which Payment Option you would like to go with. Please note that there are no refunds for prepaid fees for any reason whatsoever, and there are no discounts for prepayments:

- Option A (Advanced Yearly Payment)
- Option B (Advanced Trimester Payment)
- Option C (Monthly)

Please indicate if you require an extended care program:

- Morning (8:00-8:30 am)
- Afternoon (4:00-6:00 pm)
- Both Morning & Afternoon

Please note that there are no discount/prorates, make-up days for any absences, Winter Break, sick days, snow storms, government mandated closures, vacation days, etc. Tuition fees are due regardless and are non refundable.