HUMBERLAND
MONTESSORI ACADEMY

Child Information

Child's Full Name: _____
Last First Middle

Date of Birth: _____ **Health Card # :** _____
M/D/YR

Child's Gender: ____**M** ____**F** **Home Address:** _____

City: _____ **Province:** _____ **Postal Code:** _____

Telephone: _____

Mother:

Name: _____

Employer: _____

Work Address: _____

City: _____

Postal Code: _____

Work Phone: _____

Cell Phone: _____

E-Mail: _____

Father:

Name: _____

Employer: _____

Work Address: _____

City: _____

Postal Code: _____

Work Phone: _____

Cell Phone: _____

E-Mail: _____

Family Physician/Pediatrician: _____

Address:_____ City: _____

Postal Code: _____ Telephone: _____

Allergies/Food Restrictions: _____

_____

First Emergency Contact Information

Name of Person: _____ Relationship to Child: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Other Phone: _____

Second Emergency Contact Information

Name of Person: _____ Relationship to Child: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Other Phone: _____

OFFICE USE ONLY

Date of Admission: _____Date of Withdrawal: _____Classroom: _____

Weekly Fee: _____ Registration Paid: _____ Deposit Paid: _____

PARENT SIGNATURE:_____

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HEALTH HISTORY

Child's Full Name: _____

- **Immunization Record required (please attach a photocopy of original card)**

Does your child have any of the following?

Special (please state medical diagnosis and treatment as well as any Individual Program Plan and agencies involved):

_____

_____

_____

Allergies to food, medication, animals, precautions and care:

_____

_____

Special dietary requirements:

_____

_____

Ongoing administration of medication (ie. Puffers, Epi pen, etc.):

_____

_____

For additional information, please contact York Region Public Health Department

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AUTHORIZATION FOR PICK-UP

Please provide the names of anyone who will be responsible for picking up your child other than the parents/guardians. All authorized persons must be 18 years of age or older, unless otherwise designated by written (by hand or email) parental consent. Under no circumstances will any child be released to anyone without written authorization from a parent or guardian. Note that photo ID will be required to release the child.

The following is a list of people authorized to pick up _____:

Child's Full Name

Name of person: _____ Address: _____

Relationship to child: _____ _____

Home Telephone: _____ Work #: _____

Cell Phone: _____ Other Phone: _____

Name of person: _____ Address: _____

Relationship to child: _____ _____

Home Telephone: _____ Work #: _____

Cell Phone: _____ Other Phone: _____

Name of person: _____ Address: _____

Relationship to child: _____ _____

Home Telephone: _____ Work #: _____

Cell Phone: _____ Other Phone: _____

_____ _____

Parent/Guardian Signature Date

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MEDICAL/ACCIDENT EMERGENCY

I hereby grant permission to Humberland Montessori Academy and their staff to take whatever steps are necessary to gain emergency medical care for my child, if and when it is necessary.

These steps may contain, but are not restricted to:

1. Activation of 911 for all medical emergencies.
2. Administration of first aid.
3. Transporting the child to the nearest hospital.
4. Contacting the parent/guardian or emergency contact.

In all situations, every effort will be made to contact the parent. However, the well-being and comfort of the child will be the first priority.

I hereby agree that if I cannot be contacted at the time of illness of accident, or that the emergency is such that time does not permit such contact, Humberland Montessori Academy, the Director, Supervisor, or Staff is hereby authorized to take my child, _____ for immediate medical treatment. Transportation may include use of an ambulance or private vehicle.

I, on behalf of my child and myself, do release and discharge Humberland Montessori Academy, its owners and staff from any and all claims, actions, causes of action arising from any accident or loss caused by the above mentioned treatment or transportation.

Humberland Montessori Academy will not be responsible for any incident that may occur as a result of false, misleading or missed information that is given or omitted at the time of enrolment or any time thereafter.

_____ _____

Parent/Guardian Signature Date

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PERMISSION TO PARTICIPATE

I, being the parent/guardian of _____ do hereby approve to the participation of my child in activities related to the program offered by Humberland Montessori Academy. I hereby, of my child, myself, our successors and assigns, release and discharge Humberland Montessori Academy, its owners and staff, from any and all claims, actions and causes of action rising from any accident or loss caused by the participation of the child named during any activity held at this location, or any location where the program is held or on route to any such activity.

I hereby give permission for my child _____ to take part in outings, supervised by the staff of Humberland Montessori Academy. I understand the parental consent forms will be issued when the excursions involve the use of chartered school buses.

_____ _____

Parent/Guardian Signature Date

For Insurance:

This section must be signed by the parent/guardian of **all** children participating in the program.

Should an emergency happen and we are not capable of contacting you, please give the name, telephone number and relationship of the person who is assigned to take responsibility for your child.

Name: _____ Relationship: _____

Home Telephone: _____ Work Telephone: _____

_____ _____

Parent/Guardian Signature Date

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PHOTOGRAPH CONSENT FORM

I, _____ give permission for photographs/video recordings of my child for both publicity material used in Humberland Montessori Academy printed publications and our website.

Name of Child: _____ Date: _____

_____

Signature of Parent/Guardian