

Registration Form

Please fill out Registration Form for each child you are registering.

CHILD DETAILS

Last Name: _____ First Name: _____ M F

Home Address: _____

Home Telephone #: _____ Cell #: _____ Email: _____

Date of Birth: _____ Age: _____

Language(s) spoken at home: _____

Care if required: Start Date: _____ End Date: _____

Days Preferred: Mon Tue Wed Thurs Fri

AM (8:30am -12:30pm) PM (1:30-5:30pm)

PARENT/GUARDIAN DETAILS

Parent/Guardian 1

Name: _____

Relationship: _____

Home Telephone #: _____

Cell Phone #: _____

Home Address: _____

Child Primary Address

Daytime Work Phone #: _____

Occupation: _____

Work Name: _____

Work Address: _____

Work Email: _____

Personal Email: _____

Parent/Guardian 2

Name: _____

Relationship: _____

Home Telephone #: _____

Cell Phone #: _____

Home Address: _____

Child Primary Address

Daytime Work Phone #: _____

Occupation: _____

Work Name: _____

Work Address: _____

Work Email: _____

Personal Email: _____

MEDICAL DETAILS

Child Doctor: _____

Address: _____

Phone #: _____

Does your child have any allergies or medical condition? YES NO

If Yes, please give more details: _____

Does your child have a dietary need? Vegetarian. Beliefs etc YES NO

If YES, please provide details: _____

Other information: _____

Alberta Health Card (optional): _____

Is your child immunization up to date? YES NO

Does your child receive medication on an ongoing basis? YES NO

Emergency Contacts

Person to contact if parents cannot be reached

Name: _____

Relationship: _____

Home Telephone #: _____

Cell Phone #: _____

Home Address: _____

Personal Email: _____

PERSON(S) TO WHOM I AUTHORIZE TO COLLECT MY CHILD

Photo identification or proper ID is required

Please list the names of person(s) authorized to sign your child in and out of care. Please note that only those persons listed below will be allowed to collect your child unless prior arrangements are made.

Contact/Collect	Contact/Collect
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Address: _____ _____	Address: _____ _____
Home Phone#: _____	Home Phone#: _____
Cell Phone #: _____	Cell Phone #: _____
Work Phone #: _____	Work Phone #: _____
Relation to Child: _____	Relation to Child: _____

Print Name: _____

Parent/Guardian Signature _____

Date: _____

Program Philosophy

In Montessori Early Development Academy, we deploy the Montessori method which is a scientifically designed method to develop the whole personality of the child, at his or her own natural rate of progress, and thus free his or her potential for self-development within a prepared environment. Children are also motivated to learn when they have opportunities to make choices in an environment that is enriching and stimulating and the high curiosity in a child enhances the child's desire to learn from their environment.

The staff will create an environment that will boost the developmental, social and learning needs of a child thereby allowing the child to function satisfactorily in the environment



Approval for Photos/Video

I _____ hereby give permission to the staff at Montessori Early Academy Inc. to take photos/video of my child/ren _____

During the following activities, such as field trip, day to day activities and special activities. I also approve for the photos to be displayed on Montessori Early Development Academy Inc. website or on marketing material. I will be given the opportunity to view the photos/Video prior to them being posted.

Parent/Guardian Signature _____

Date: _____