

APPLICATION FORM

Toddler Program (18 Months – 3 Years)

Casa Program (3 Years - 6 Years)

Hours: 8:30am – 3:30pm

Pre-Care: 7:30am – 8:30am

After-Care: 3:30pm – 5:30pm



1551 LAPERRIERE AVE
OTTAWA, ONTARIO K1Z 7T2
TELEPHONE 613-729-3300
E-MAIL shona@firstjourney.ca

This application is for admission into the First Journey Montessori Toddler or Casa Program. The 2020-2021 academic school year begins September 2020 and continues through to June 2021 at five days per week. This excludes holidays and professional development days.

First Journey Montessori will offer two plans, the Extended Care program and the Meal Plan. The Extended Care program will be offered from 7:30am – 8:30am and 3:30pm – 5:30pm at five days per week. Both plans are available at additional costs. The Meal Plan is mandatory for both the Toddler and Casa program.

This application must be fully completed and submitted to First Journey Montessori with cheque(s) for the \$150.00 Registration Fee (*first time applicants only*) and the January 2021 and June 2021 tuition fee, which is your enrolment fee (both payments are non-refundable and non-transferable, **no exceptions**). All additional monthly payments (Sept – Dec, Feb – May), including any added plans, can be made with post-dated cheques or with a single lump-sum payment (see payment plan for details). Please make cheques payable to First Journey Montessori Inc.

CHILD'S NAME

PREFERRED LANGUAGE(S)

STREET ADDRESS

SIBLINGS ENROLLED AT FJM

CITY

PROVINCE

POSTAL CODE

HOME PHONE NUMBER

DATE & YEAR OF BIRTH

| PARENT OR GUARDIAN | MOTHER OR GUARDIAN | FATHER OR GUARDIAN |
|--------------------|--------------------|--------------------|
| NAME | | |
| ADDRESS | | |
| HOME PHONE | | |
| OFFICE PHONE | | |
| MOBILE OR PAGER | | |
| WORKPLACE ADDRESS | | |
| E-MAIL ADDRESS | | |

| EMERGENCY CONTACT | ADULT #1 | ADULT #2 |
|-------------------|----------|----------|
| NAME | | |
| HOME PHONE | | |
| OFFICE PHONE | | |
| MOBILE OR PAGER | | |
| WORKPLACE ADDRESS | | |
| E-MAIL ADDRESS | | |

*N/A if not applicable

ADDITIONAL INFORMATION

Toddler Program (18 Months – 3 Years)
 Casa Program (3 Years – 6 Years)

Hours: 8:30am – 3:30pm
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| | | |
|---------------------|---|--|
| MEDICAL INFO | HEALTH CARD # | |
| | KNOWN ALLERGIES | |
| | MEDICATIONS | |
| | INDICATE ANY CHRONIC OR RECURRING ILLNESSES | |
| | SUPPLY COPY OF IMMUNIZATION RECORDS | |
| PHYSICIAN | NAME | |
| | ADDRESS | |
| | PHONE | |

*N/A if not applicable

ATTENDANCE OPTION

Place a check mark next to the options you want included.

Full-time 8:30 – 3:30

Meal Plan (mandatory)

Extended AM (pre-care) 7:30 – 8:30

Extended PM (after-care) 3:30 – 5:30

Payment Plan: Option 1: Monthly Option 2: Lump-Sum

| | | | |
|--------------------|---|----|-----------------------------|
| DECLARATION | I hereby certify that all registration and medical information regarding this child is, to the best of my knowledge and ability, true and accurate. I <i>consent</i> to the collection, use, and handling of the personal information within by First Journey Montessori Inc. | | |
| | PARENT / GUARDIAN SIGNATURE | #1 | DATE |
| | PARENT / GUARDIAN SIGNATURE | #2 | DATE |
| | ADMISSIONS DATE (starting date) | | DEPARTURE (office use only) |

- First time applications must be accompanied with a non-refundable \$150.00 registration fee.
- Two months' notice is required if the child is withdrawn from the program within the school year.
- If you remove your child after a monthly payment has been cashed, this payment will not be refunded.
- This application will not be accepted without the required up-front and post-dated cheques, as well as any necessary paperwork.

DROP OFF / PICK UP AUTHORIZATION

This form is used to report additional individuals who you authorize to drop off and/or pick up your child.



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As the parent(s)/guardian(s) of a child enrolled at First Journey Montessori Inc., I authorize that the following individuals can drop off and/or pick up my child.

| Full Legal Name | Relationship to Child | Primary Phone | Primary Email |
|-----------------|-----------------------|---------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Any individual who is not the child's parent(s)/guardian(s) must be included in this form, including grandparents, other relatives, and family friends. Please note that photo identification will be required to confirm the identify of the authorized individual(s) before the child will be released. Please also inform the school office if additional individuals need to be added and/or removed from this form.

Parent/Guardian (print)

Parent/Guardian (print)

Supervisor (print)

Parent/Guardian (signature)

Parent/Guardian (signature)

Supervisor (signature)

Date

Date

Date