

# APPLICATION FORM – SUMMER PROGRAM

Toddler Program (18 Months – 3 Years)

Casa Program (3 Years - 6 Years)

Hours: 8:30am – 3:30pm

Pre-Care: 8:00am – 8:30am

After-Care: 3:30pm – 5:00pm



1551 LAPERRIERE AVE  
OTTAWA, ONTARIO K1Z 7T2  
TELEPHONE 613-729-3300  
E-MAIL [shona@firstjourney.ca](mailto:shona@firstjourney.ca)

This application is for admission into the First Journey Montessori Summer Program. The 2020 summer program begins July 6<sup>th</sup> and continues through to August 28<sup>th</sup> at five days per week. This excludes holidays and professional development days.

First Journey Montessori will offer two plans, Extended Care and the Meal Plan. The Extended Care program will be offered from 8:00am – 8:30am and 3:30pm – 5:00pm at five days per week. Both plans are available at additional costs. The Meal Plan is mandatory for the Toddler (18 months – 3 years) and Casa (3 years – 6 years) program. A minimum of 4-6 weeks is required to secure a spot in our summer program.

This application must be fully completed and submitted to First Journey Montessori with a cheque for the non-refundable \$150.00 Registration Fee (*first time applicants only*). All monthly payments (July and August), including any added plans, can be made with post-dated cheques or with a single lump-sum payment. Please make cheques payable to First Journey Montessori Inc.

CHILD'S NAME

STREET ADDRESS

CITY PROVINCE POSTAL CODE

HOME PHONE NUMBER

DATE & YEAR OF BIRTH

<b>PARENT OR GUARDIAN</b>		<b>MOTHER OR GUARDIAN</b>	<b>FATHER OR GUARDIAN</b>
	NAME		
	ADDRESS		
	HOME PHONE		
	OFFICE PHONE		
	MOBILE OR PAGER		
	WORKPLACE ADDRESS		
	E-MAIL ADDRESS		

<b>EMERGENCY CONTACT</b>		<b>ADULT #1</b>	<b>ADULT #2</b>
	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

Pre-Care: 8:00am – 8:30am

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<b>MEDICAL INFO</b>	HEALTH CARD #	
	KNOWN ALLERGIES	
	MEDICATIONS	
	INDICATE ANY CHRONIC OR RECURRING ILLNESSES	
	SUPPLY COPY OF IMMUNIZATION RECORDS	
<b>PHYSICIAN</b>	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*) 8:00 – 8:30

Extended PM (*after-care*) 3:30 – 5:00

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

<b>DECLARATION</b>	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.
- The Meal Plan and Extended Care programs come at additional costs.
- 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