

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 2024-2025 academic school year begins September 2024 and continues through to June 2025 at five days per week. This excludes holidays and professional development days.

First Journey Montessori will offer two plans as part of its Extended Care program, pre-care and after-care. Pre-care and after-care will be offered from 7:30am – 8:30am and 3:30pm – 5:30pm at five days per week, respectively. Both plans are available at additional costs. A Meal Plan is included with the monthly tuition of the Toddler and Casa programs.

This application must be fully completed and submitted to First Journey Montessori with cheque(s) for the \$150.00 Registration Fee (*new children only*) and the January 2025 and June 2025 payments (including any added plans). These payments are due up-front as your enrolment fee, and all 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 FULL LEGAL NAME

PREFERRED LANGUAGE(S)

ADDRESS

SIBLINGS ENROLLED AT FJM

CITY PROVINCE POSTAL CODE

PRIMARY PHONE NUMBER

DATE OF BIRTH (DD/MM/YYYY) AGE (START OF SCHOOL)

PARENT OR GUARDIAN		PARENT/GUARDIAN	PARENT/GUARDIAN
	NAME / RELATIONSHIP		
	HOME ADDRESS		
	WORK ADDRESS		
	CELL PHONE		
	OFFICE PHONE		
	E-MAIL		

EMERGENCY CONTACT		ADULT #1	ADULT #2
	NAME		
	RELATIONSHIP		
	PRIMARY PHONE		
	SECONDARY PHONE		
	E-MAIL		

*N/A if not applicable

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

MEDICAL INFO	HEALTH CARD #	
	ALLERGIES	
	MEDICATIONS	
	CHRONIC OR RECURRING ILLNESSES	
	DIETARY AND FEEDING ARRANGEMENTS	
PHYSICIAN	NAME	
	ADDRESS	
	PHONE / E-MAIL	
CUSTODY	ARRANGEMENTS (Y/N)	
	INDIVIDUAL(S) PROHIBITED FROM ACCESSING THE CHILD	

*N/A if not applicable

ATTENDANCE OPTION

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

Full-time (incl. meal plan) 8:30 – 3:30

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 consent to the collection, use, and handling of my personal information 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.



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

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	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)

Parent/Guardian (signature)

Parent/Guardian (signature)

Date

Date

IMMUNIZATIONS

This form is used to report a child's immunizations if a separate record can not be provided.



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

Please provide a copy of your child's immunization record (e.g., yellow card) to the centre prior to your child's first day of care. If you do not have an immunization record, please complete the chart below.

If you have chosen not to immunize your child, a [Statement of Medical Exemption](#) form or a [Statement of Conscious or Religious Belief](#) form must be completed and provided to the centre. These forms are available on the Ministry of Education's website.

Vaccine (Age Usually Given) ¹	Date(s) of Immunization			
DTaP-IPV-Hib (2 mos, 4 mos, 6 mos, 18 mos) Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b				
Pneu-C-13 (2 mos, 4 mos) Pneumococcal Conjugate 13				
Rot-1 (2 mos, 4 mos) Rotavirus				
Men-C-C (12 mos) Meningococcal Conjugate C				
MMR (12 mos) Measles, Mumps, Rubella				
Var (15 mos) Varicella				
MMRV (4-6 years) Measles, Mumps, Rubella, Varicella				
Tdap-IPV (4-6 years) Tetanus, diphtheria, pertussis, Polio				
Inf (every year in the fall) Influenza				
Other (please specify)				

Parent/Guardian (print)

Parent/Guardian (print)

Parent/Guardian (signature)

Parent/Guardian (signature)

Date

Date

¹ Ontario's Publicly-Funded Immunization Schedule - <http://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx>