

# 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 (hours differ from the regular school year)

After-Care: 3:30pm – 5:00pm (hours differ from the regular school year)



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 2024 summer program begins July 2024 and continues through to August 2024 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 8:00am – 8:30am and 3:30pm – 5:00pm 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. 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 cheque(s) for the \$150.00 Registration Fee (*new children only*) and the August 2024 payment (including any added plans). These payments are due up-front as your enrolment fee, and both are **non-refundable and non-transferable, no exceptions**. The remaining monthly payment for July 2024 (including any added plans) can be made with a post-dated cheque. 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 applicabl

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<b>MEDICAL INFO</b>	HEALTH CARD #	
	ALLERGIES	
	MEDICATIONS	
	CHRONIC OR RECURRING ILLNESSES	
	DIETARY AND FEEDING ARRANGEMENTS	
<b>PHYSICIAN</b>	NAME	
	ADDRESS	
	PHONE / E-MAIL	
<b>CUSTODY</b>	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 8:30 – 3:30   
 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 consent to the collection, use, and handling of my personal information by First Journey Montessori Inc.		
	<b>PARENT / GUARDIAN SIGNATURE</b>	#1	<b>DATE</b>
	<b>PARENT / GUARDIAN SIGNATURE</b>	#2	<b>DATE</b>
	<b>ADMISSIONS DATE (starting date)</b>		<b>DEPARTURE (office use only)</b>

- 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	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.



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

\_\_\_\_\_  
Parent/Guardian (print)

\_\_\_\_\_  
Parent/Guardian (print)

\_\_\_\_\_  
Parent/Guardian (signature)

\_\_\_\_\_  
Parent/Guardian (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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