



READY TO READ & PHONETIC
AWARENESS PROGRAM REGISTRATION

Program: _____

Enrolment Date _____

REGISTRATION FORM

***All Areas Must Be Filled Out ***

(Information is kept confidential)

(YY/MM/DD)

Name of Child: _____

Date of Birth: _____

Sex of Child: M / F

Address: _____

Telephone No.: () _____

City: _____

Postal Code: _____

Mother's Name: _____

Occupation: _____

Employer: _____

Business Phone: () _____

Cellular or Pager: () _____

Family E-Mail Address:

Father's Name: _____

Occupation: _____

Employer: _____

Business Phone: () _____

Cellular or Pager: () _____

Person(s) whom child lives with: _____

If there is a Custody Agreement, please give details:

Persons Authorized to pick up Child

Name	Relation to Child	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sibling Information

Name	Age
_____	_____
_____	_____

Languages Spoken in the Home: _____

Child's Interests and Activities:

How often do you read to your child?

How many alphabets does your child know?

Does your child know the sounds of the alphabets?

Can your child read 3 letter words?

How can you describe your child's writing abilities?

What do you expect your child to have mastered by the end of the program?

Can you commit to home work time at home?

Any additional comments

(Immunization dates must be filled in).

Has your child been immunized against:

Please fill this section or attach a copy of your child's immunization chart.

Age	Diphtheria, Pertussis, Tetanus, Polio, Hib	Pneumococcal	Hepatitis B	MMR	Meningococcal C
2 months				n/a	n/a
4 months				n/a	n/a
6 months				n/a	n/a
12 months	n/a	n/a	n/a		
18 months			n/a		n/a

Is your child subject to any of the following –

Allergies? Yes _____ No _____

If yes, list materials or products to avoid, and any special instructions in the event of an allergic attack: _____

Speech Difficulties: _____

Has your child been under a doctor's care for any prolonged time? Explain _____

Special Diet

Is your child on a special diet? _____

Special Foods? _____

Reason for Special Diet? _____

Family Doctor: _____

Telephone: _____

Doctor's Address: _____

Family Dentist: _____

Telephone: _____

Child's CARE CARD # _____

CONSENT FORMS AND CHILDCARE AGREEMENT

I, _____, give permission for my child, _____
to take part in the following:

PLEASE SIGN WHERE INDICATED BELOW

I give my consent to Panorama Ridge Montessori to take my child's pictures either themselves or by an external photographer while at their care. These pictures may be used on the school's website or school's advertising brochures and can be given out to parents when requested. The pictures will be property of the school.

Initial (____)

I give my consent to have my child treated by a physician for medical care and to be transported to hospital by ambulance should an emergency arise. ***I understand that every effort will be made to contact my spouse or me before such action is taken.***

Initial (____)

In case of injury to my child while in care of Panorama Ridge Montessori, I hereby waive all claims against the school in excess of public liability insurance (\$3,000,000) carried by Panorama Ridge Montessori.

Initial (____)

I agree to submit post-dated cheques for September (or month child starts) to June and to give ***one full month's written notice, given before the start of the following month*** for withdrawal of my child from Panorama Ridge Montessori. After the 30-day notice has been received, we will return all unused cheques. ***There will be no withdrawals after January 31st***. I know that the school has the right to withdraw my child with a valid reason at any time.

Initial (____)

There will be a \$25.00 charge on all returned (N.S.F.) cheques.

Initial (____)

A \$50.00 registration fee is required to ensure your child a place and is not refundable. There will be no refund on monthly fees or any portion thereof, regardless of sickness, school holidays or family vacations.

Initial (____)

I have read and understood the policies and procedures as set forth in Panorama Ridge Montessori's Parent Handbook.

Initial (____)

Signed: _____

Date: _____