



Program Registration Form

For Office Use Only
Date of Admission: _____
Date of Discharge: _____

Trillium Bilingual Montessori www.tbmontessori.com

INSTRUCTIONS: Please fill out **black pages**, do not leave blank spaces. All **red pages** are optional, only fill them if it applies.

SECTION 1. ABOUT THE CHILD

Name:	Birth Date:	Gender:
Address:	City:	Province:
Preferred Start Date:	Program:	Postal Code:
Hours:	Extended Hours:	Attendance:
Subsidy:		
Child Resides With:	Type of Custody:	
Custody Agreement Provided:	Restricted Access:	
Person with Restricted Access:	Legal Document Provided:	

SECTION 2. PARENT/GUARDIAN 1 PARENT/GUARDIAN 2

Full Name:
 Relationship to Child:
 Home Address:
 Home Phone Number:
 Mobile Phone Number:
 Email Address:
 Occupation:
 Employer:
 Work Phone Number:
 Work Address:

Full Name:
 Relationship to Child:
 Home Address:
 Home Phone Number:
 Mobile Phone Number:
 Email Address:
 Occupation:
 Employer:
 Work Phone Number:
 Work Address:

SECTION 3. EMERGENCY CONTACTS

Please provide 2 emergency contacts (other than the parent/guardians) who can be contacted in the event of an emergency and are authorized for pick up.

Emergency Contact 1

Emergency Contact 2

Full Name:
 Relationship to Child:
 Contact Phone Number:
 Child may not be released to:

Legal Documents Provided:

SECTION 4. CHILD HEALTH INFORMATION

Is your child immunized? YES, please provide immunization record. NO, please provide exemption form.

Does your child require medication to be administered while at TBM?

If yes, please obtain and fill the *Administration of Medication* form from the school administrator.

List All Allergies: 1.	Life Threatening:	Epipen:
2.	Life Threatening:	Epipen:
3.	Life Threatening:	Epipen:

Please describe any special medical or additional information that would be helpful in an emergency:

MEDICAL HEALTH PRACTITIONER:

Name:

Phone Number:

Address:

DIETARY RESTRICTIONS:

Please add every food restriction including any food sensitivity here:

Does your child have any **physical, cognitive, emotional, or behavioural** limitations/challenges that would require assistance and/or modifications to the program to enable him or her to participate fully?
If yes, please explain below so we can fully understand and meet the needs of your child.

Is there anything else related to your child's sleeping, diet, or physical activity you feel we should be aware of? Or any other important information about your child we should know?

SECTION 5. INFORMED CONSENT -Please initial where required and sign at the bottom.-

I Give Permission	I DO NOT Give Permission	Permission Required	
		I give Trillium Bilingual Montessori the permission to apply sunscreen. This sunscreen will be provided by the parent.	
		I give Trillium Bilingual Montessori the permission to apply any topical cream/ointment as required. (diaper cream, lip balm, moisturizer) Topical creams/ointments will be provided by the parent when the child requires it.	
<i>I am the legal guardian/parent of the child and have the authority to enter into this agreement. I verify that the information on this form is true and correct. I understand that it is my responsibility to ensure that family members or caregivers whose personal information I am providing to Trillium Bilingual Montessori have consented to this disclosure. I understand that it is my responsibility to keep the school informed of any changes to information by contacting them in writing. One parent/guardian signature is acceptable, except where a court order/agreement exists that requires both signatures.</i>			
Custodial Parent/Guardian Signature	Date	Parent/Guardian Signature	Date

This agreement may be signed in several counterparts and electronic signatures are acceptable and deemed binding. We protect and respect your privacy. Your personal information is used only for the purposes stated on or indicated by the form. Your email and name will be used to add you on the daily communication app called HiMama and on our payment portal Tuio.

Terms and Conditions of Enrolment

1. **Non-Refundable Deposit:** In order to guarantee a space, we require a deposit upon registration. A non-refundable deposit of \$500 (full time child) or \$250 (part-time child) is due at registration. Deposit is non-refundable and yearly tuition payments are non-refundable after 60 days from first day of attendance. Deposits are not required for families receiving subsidies from the city.

2. **Withdrawal Policy:** After the 8 weeks transition period, the parents are committed to the program and withdrawals must be notified, in writing (hard copy or email) 2 calendar months before the date of withdrawal.

The parents are financially responsible for tuition fees for the duration of the 2 months notification.

If a child is dismissed by the center for any reason, the parents will be given 2 weeks notice of termination of service, during which time, the parents are responsible for the fees. No fees will be refunded for partial months.

3. **Outstanding Tuition:** All tuition fees are due according to agreement. Monthly tuition is due on the 1st of every month. A late fee of \$25 will be applied to payments received after the 1st of the month. If tuition fees are not current, the administrator will deal with matters on a case by case basis. The administrator reserves the right to suspend the child from the program indefinitely or until the matter has been resolved.

4. **Transportation:** It is the parents' responsibility to ensure the drop-off and pick-up in a timely manner (allowing others access to the parking spaces).

5. **Changes:** Any changes in the living arrangements, phone numbers, work numbers, address, etc..., must be forwarded to the school in writing in a timely manner to update child's information.

6. **Transfer and Exchange of Information:** We give Trillium Bilingual Montessori School (TBM) permission to transfer school records to and from the school to favour my child's educational needs. We understand that TBM may use pictures, first names in our daily communication App to parents. Pictures for social media, advertising and promo do not contain children's faces or will be blurred out. If TBM wants to use a picture of a child showing its face, the parent will be contacted directly to obtain permission before the picture is used.

7. **Release Indemnity:** TBM promotes safe, secure practices. In the event of a serious injury, or illness we authorize staff to seek required medical treatment, with no liability on the part of the drivers, or TBM and its employees. I hold TBM their agents and employees harmless from any and all claims, damages, or liabilities for injuries to my child that are not the result of negligence of this school, their agents or employees, or are entirely beyond the control of this school, their agents or employees.

8. **Re-enrolment:** If you interrupt your child's care and payment for a period of more than 1 week, outside of the summer program you will be required to re-enrol. Re-enrolment of children must be completed by the deadline given to guarantee tuition rates and to secure a place for the next school year. Please see administration for details.

9. **Immunization:** Parents must provide the school with a copy of their child's up to date immunization record upon registration. Parents who have chosen NOT to immunize their child must provide a signed copy of an immunization exempt form. Failure to provide immunization document may result in suspension or expulsion from the school by public health.

10. **Sick/Absenteeism:** Sick, vacation, closure and absent days are non-refundable. Extended closures (more than 1 week) will be subject to public health or Ministry of Education guidelines regarding parents payments.

11. **School Closure:** School is only closed due to unsafe roads or during unforeseen incidents (no electricity, no water, etc). We will contact parents via email and text by 7:00 AM on the day of closure.

12. **Parent Handbook:** Details on all policies and school rules is available in the school Parent Handbook. A hard copy is available for your viewing in the office and a digital copy can be found on our website: www.tbmontessori.com You can also contact us at admin@tbmontessori.ca to have a digital copy sent to you.

I / We have read and fully understand the above:

Parent Signature

Date

***REQUIRED*Emergency/Medical Information**

Child's Name :

D.O.B.:

1-Parent/Guardian Information

Parent/Guardian 1

Name:

Cell:

Email:

Home-Address:

Telephone:

Work- Address:

Telephone:

Parent/Guardian 2

Name:

Cell:

Email:

Home-Address:

Telephone:

Work- Address:

Telephone:

2-Family Physician Information

Name:

Address:

Telephone:

3-Emergency Contacts (Emergency Contact will be contacted if the parents cannot be reached.)

Contact 1

Name:

Cell:

Relationship to child:

Contact 2

Name:

Cell:

Relationship to child:

4-Medical Information

Please describe any chronic medical condition or allergies affecting your child:

Emergency Medication: (check all that apply): Epipen Inhaler Other, Please Specify:

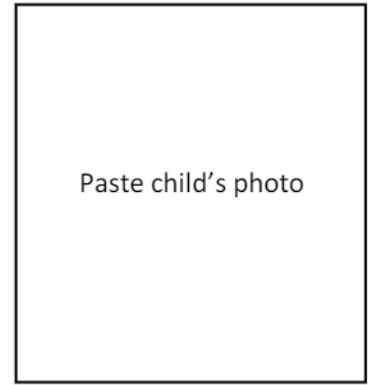
5-Additional Information (that may be useful in case of an emergency)

Parent/Guardian Signature

Date

Special Dietary Restriction Form

(only fill out if your child requires it)



Child's name: _____

- FOOD ALLERGY: _____
 - Reaction to exposure
 - Reaction when ingested
 - EPIPEN
 - ALLERGY EMERGENCY PLAN

- FOOD SENSITIVITY: _____
 - Medication : _____ (name) _____ (dosage)
 - Supplement: _____ (name) _____ (dosage)

VEGETARIAN

VEGAN

RESTRICTION: _____

Precautions and Preparations:

ALLERGIES-Steps to take

Exposed to allergen:

Allergen is ingested:

Parent Signature

Date

INDIVIDUALIZED PLAN AND EMERGENCY PROCEDURES FOR A CHILD WITH AN ANAPHYLACTIC ALLERGY

****(Only Fill Out if Your Child Has Anaphylactic Allergies)



Child's Name: _____

Child's Date of Birth (dd/mm/yyyy): _____

List of allergen(s)/causative agent(s):

- _____
- _____
- _____

Asthma: Yes (higher risk of severe reaction) No

Location of medication storage: _____

Epinephrine auto-injector brand name: _____

Epinephrine auto-injector expiry date (dd/mm/yyyy): _____

Other emergency medications*: _____

Emergency Services Contact Number: _____

Special Instructions:

<p>CHILD'S SPECIFIC SIGNS AND SYMPTOMS OF A NON-LIFE THREATENING ANAPHYLACTIC REACTION: <i>(specific to the child, e.g. wheezing and itchy skin)</i></p> <p>_____</p>	<p>CHILD'S SPECIFIC SIGNS AND SYMPTOMS OF A LIFE THREATENING ANAPHYLACTIC REACTION: <i>(specific to the child, e.g. inability to breathe, sweating)</i></p> <p>_____</p>
<p>DESCRIPTION OF PROCEDURE TO FOLLOW IF CHILD HAS A NON-LIFE THREATENING ANAPHYLACTIC REACTION:</p> <p>_____</p>	<p>DESCRIPTION OF PROCEDURE TO FOLLOW IF CHILD HAS A LIFE-THREATENING ANAPHYLACTIC REACTION:</p> <p>_____</p>
<p>STEPS TO REDUCE RISK OF EXPOSURE TO CAUSATIVE AGENT/ALLERGEN: <i>(e.g. nut-free environment)</i></p> <p>_____</p>	
<p>ADDITIONAL NOTES (if applicable): <i>(e.g. use of other emergency allergy medication(s) to implement the emergency procedures)</i></p> <p>_____</p>	

- *Written parental authorization for the administration of drugs and medications must be completed and implemented for medications other than epinephrine auto-injectors.
- Each child with an anaphylactic allergy requires their own individualized plan. If significant changes and updates are required to this individualized plan, a new individualized plan must be completed.
- Children's personal health information should be kept confidential.

Parental Statement

I _____ (parent/guardian) hereby give consent to any person with training on this plan at the home child care premises to administer my child's epinephrine auto-injector and/or asthma medication and to follow the procedures set out in my child's Individualized Anaphylaxis Plan and Emergency Procedures.

Parent/Guardian initials: _____

EMERGENCY CONTACT INFORMATION

Contact Name	Relationship to Child	Primary Phone Number	Additional Phone Number

HEALTHCARE PROFESSIONAL CONTACT INFORMATION: (optional)

Contact Name	Primary Contact Number

SIGNATURE OF HEALTHCARE PROFESSIONAL (optional)

X	Date:
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SIGNATURE OF PARENT/GUARDIAN (required)

Print name:	Relationship to Child:
X	Date:

Special Instructions:

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- Children's personal health information should be kept confidential

TRAINING AND CONSENT

**** (Only Fill Out if Your Child Has an Anaphylactic Allergy) ****

Individualized Plan and Emergency Procedures for a Child with an Anaphylactic Allergy

I _____ (parent/guardian) hereby confirm that:

(a) I have trained the person(s) named in the Trainee Confirmation below (Table 1) on my child's Individualized Plan and Emergency Procedures on _____ (date), and

(b) I give consent to the person(s) named in the Trainee Confirmation (Table 1) below to train any other staff, students and volunteers (Table 2) who may be interacting with my child to perform the procedures detailed in my child's Individualized Plan and Emergency Procedures.

Parent/Guardian Full Name: _____

Name of Trainee	Position	Signature of Trainee:	Date Training Received (dd/mm/yyyy):	Date Signed (dd/mm/yyyy):

Parent/Guardian Signature: _____

Date (yyyy/mm/dd): _____

Comments (e.g. names of individuals who have not yet been trained, reason(s) and next steps):
