

Application for Enrollment



Date of Application:		
Month	Day	Year

124-66 St SW Edmonton, AB, T6R 1R2 | 780-965-1949

Office Use Only

Date of Admission: _____ Month/Day/Year	Date of Leaving: _____ Month/Day/Year
Registration Fee \$100 <input type="checkbox"/> <i>Registration Fee Is Nonrefundable</i>	Postdated Cheques Received <input type="checkbox"/>

Child's Time Schedule

Arrival Time: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____
Departure Time: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Child's Information

Child's Name _____
Last First Middle
Date of Birth _____
Month/Day/Year
Child's Place of Residence _____
Address Postal Code

Parent's Information

Mother's Name _____
Last First Middle
Mother's Place of Residence _____
Address Postal Code
Mother's Email _____
Mother's Place of Employment _____ Address _____
Contact Numbers: Work _____ (ext) _____ Cell _____ Home _____
Father's Name _____
Last First Middle
Father's Place of Residence _____
Address Postal Code
Father's Email _____
Father's Place of Employment _____ Address _____
Contact Numbers: Work _____ (ext) _____ Cell _____ Home _____
Names and Ages of Other Siblings _____

Emergency Contacts

Persons to contact in case of an emergency and we are unable to contact either Parent.

Name _____
Last First Middle

Phone _____

Address _____

Name _____
Last First Middle

Phone _____

Address _____

Medical Information

Child's Alberta Health Care Number _____

Child's Doctor _____

Address _____

Phone Number _____

Is your child receiving any on-going medication at home? Yes No

Name of Medications if Yes

Does your child have any allergies or special needs that we should be aware of? Yes No

If Yes _____

Has your child been diagnosed with any health or behaviour issues? Yes No

If Yes _____

Are your child's Immunization records up to date? Yes No

Authorized person(s) to whom your child may be released.

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

4. Name: _____ Phone: _____

Application Agreement (Please Initial 1-7 and Sign Below)

1. Treehouse Montessori will not be held responsible or liable for any injury which may be incurred on transportation that is provided to or from field trips or to schools during attendance. _____
2. Treehouse Montessori will not be held responsible for any payment for ambulance services needed by your child while in our care. _____
3. I acknowledge that payment of fee's are to be paid in full on the first of each month, otherwise late charges will be applied. Consistent late payment may result in termination of services. _____
4. I understand that there will be no discounts for days that my child is not in attendance. This includes extended days off such as holidays or sick days. _____
5. Late charges will be applied if I arrive late after closing time. _____
6. I will not hold Treehouse Montessori responsible for any missing articles be-longing to my child. _____
7. My signature below is a confirmation that I have read and agree to the above paragraphs. The information in this form is correct and indicates my permission to obtain any medical care that my child may require while in the care of Treehouse Montessori. I also give my permission for my child to go on neighborhood walks and use the gym and playground belonging to Treehouse Montessori. _____

Signature of Parent x _____

Date _____

Note: Once Registration has been completed, and parents attend a meet and greet, they will receive the Treehouse Montessori Handbook which outlines our Policies and Procedures.

Treehouse Montessori reserves the right to accept or terminate this application. After acceptance we may request the withdrawal of a child or family if in the opinion of the Directors, this action will benefit the child or the class as a whole. At such time the tuition will be calculated on a pro-rated basis of days utilized in the month and the balance refunded.

Immediate dismissal will occur if a child displays violent misconduct towards other children or staff that could harm someone. This creates an unsafe and stressful environment.

PCI Contact Card

1R2 | 780-965-1949



124-66 St SW Edmonton, AB, T6R

Please fill out our Portable Child Information Contact Card (Blue Sections)

Child's Name _____ AHC# _____
D.O.B. (M/D/Y) _____ Allergies _____
Allergic Reactions: _____
Immunization Record up to date: Yes No
Family Doctor name _____ Address: _____
Doctor's phone number _____
Child's Address: _____
Mom's Name: _____ Mom's Email: _____
Mom's Address: _____
Mom's Contact info: Home: _____ Cell: _____ Work: _____
Dad's Name: _____ Dad's Email: _____
Dad's Address: _____
Dad's Contact info: Home: _____ Cell: _____ Work: _____

Date of Admission: _____ Date of Leaving: _____

Emergency Contacts

Emergency Contact Name: _____

Address _____

Phone number _____

Emergency Contact Name: _____

Address _____

Phone number _____

Authorized Persons to whom Child may be released:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____



Treehouse Montessori Daycare has permission to use my child's photograph publically to promote their program. I understand that the images may be used in print publications, online publications, presentations, their website and social media. I also understand that no royalty fee or other compensation shall become payable to me by reason of such use.

Photo Release Form for Minors Under 18

Parent/Guardian Name:	
Parent/Guardian Signature:	
Child's Name:	
Consent: <i>(Please write YES or NO)</i>	
Date: <i>(Month / Day / Year)</i>	

Do you consent to having pictures of your child in daycare activities uploaded for private viewing under Parent Resources on our website?

Consent: <i>(Please write YES or NO)</i>	
Parent/Guardian Signature:	



Health Screening / COVID Agreement
Treehouse Montessori Child Development Centre 2021-2022

Over the past year, Treehouse Montessori Child Development Centre has implemented important policies and protocols to prevent the spread of COVID-19 and to protect the health of our school community. Such measures include enhanced cleaning & disinfection, physical distancing and barriers, restrictions to school admittance, personal hygiene education & PPE requirements, as well as active screening of staff and students for symptoms. The coronavirus and its many variants are highly contagious and young children may not be able to consistently follow all safety and personal health care practices. Despite our best efforts, members of our school community always risk the chance of becoming ill with coronavirus or other communicable diseases. As a school community, we all have a responsibility to protect one another from infection.

Children cannot attend school if the child or any member of their household (with close unprotected contact to the child) is ill with symptoms of COVID-19 or other communicable diseases. If any member of the household does fall ill, the family is liable to inform the school immediately so that we may properly advise and protect other students in the centre.

Agreement:

I have read and understood the school's [Enhanced Health & Safety Policy During COVID-19](#) and accept the risk of possible illness associated with my child's school attendance.

I agree to abide by all active screening protocols and to accurately respond to all screening questions.

I understand that misrepresentation on any screening question, including masking fevers with medication, could result in the termination of my child's school enrolment.

I agree to exclude all of my children from school attendance immediately upon becoming aware of any symptoms of illness in any household member until medically deemed able to return to school.

I consent to providing copies for the school of any of my child(ren)'s COVID-19 test results and/or those of household members with which the child(ren) may have close unprotected contact.

Name of Student(s):

Signature of Parent / Guardian:

Date:



Parent Affordability Grant Contract

As outlined by the Federal-Provincial Child Care Agreement, all families will be provided with a parent affordability grant. The amount provided is dependent on the age of the child attending our school program. Please refer to the Parent Handbook for further information on the amount provided.

In January 2022, our school will personally front the cost of the parent affordability grant for every family per month, and continue to do so until the government has processed all paperwork and reimbursed the money to the centre.

Early Departure:

Our school requires a 30-day notice of departure if you choose to leave the school for another. Therefore, if your family makes the decision to leave our school within the first two weeks of the month, and you are a beneficiary of our payment of the parent affordability grant you will incur a fine as a result of early departure.

For any family who has had the full amount of the parent affordability grant applied to their tuition fees and chooses to leave early without 30 days written notice, you will be held liable in owing the difference remaining for the weeks of the parent affordability grant our school paid for. This difference can be taken off the deposit you provided at the start of the year.

For example:

If your child is 3 years old, we will pay out \$450.00 for their Parent Affordability Grant. If you choose to leave our school within the first two weeks of attendance, we will hold you liable for the difference of \$225.00 for the time remaining in the month.

We ask that all families sign the following contract to ensure their understanding of this school policy.

Family Signature

I have read and understood the school's Parent Affordability Grant Contract regarding Treehouse Montessori Child Development Centre's policy on the application of this grant to family tuition rates.

I agree to abide by this policy and provide 30 days written notice if our family chooses to leave the centre. If this is not provided, I agree to pay any and all liable fees the centre incurred as part of our enrollment.

Name of Student(s):

Signature of Parent / Guardian:

Date: