



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 \$150 <input type="checkbox"/>	Postdated Cheques <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 _____ Doctor's Phone Number: _____

Address _____

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, Please Explain: _____

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

If Yes, Please Explain: _____

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 fees are to be paid in full in the first five days of each month. If they are not, your fees will be subject to late charges, and your child may not be allowed to return to school until fees have been paid. 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 belonging to my child. ____
7. I will provide 30 days' written notice to Treehouse Montessori if I choose to leave the center. If a written notice is not provided, I will be responsible and charged for one month's fees, and any/all deposits will become nonrefundable. ____
8. No discounts will be provided for personal holidays or sick days taken by my family. If I choose to take a long period away from the center, I agree to pay full fees in order to hold my spot at the centre. If I refuse to pay the full fees, my spot will be given away to another family and I will have to re-enroll with registration fees upon my return. _____
9. 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: _____ Date _____

Signature of Parent: _____ 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. If any behavior issues are noted on first meeting, your child may be asked to come in for a short 1 day trial in which behavior is observed, after which administration will meet with family to talk more about observations and their acceptance at the center. If, in the opinion of the Directors, a child is demonstrating violent or aggressive behavior that will bring harm to others or themselves, the center does reserve the right to ask families to leave the center, as this action will benefit the child or the class as a whole in the long term.



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: _____