

Infant-Toddler Parent Participation Program Application
September 2018 to June 2019



North Star Montessori
ELEMENTARY SCHOOL
Learning through discovery

TO BE COMPLETED BY ALL APPLICANTS:

Date of Application: _____ Financial Account Name: _____ (1 Account per family)
First Last
Child's Full Name: _____ Date of Birth: _____ Gender: Male Female
Child prefers to be called by: _____ Email: _____ Tel: _____

TO BE COMPLETED BY NEW APPLICANTS ONLY or IF INFORMATION HAS CHANGED:

How did you come to know about this class? _____

Mother's name: _____ Resides w/child? _____

Address: _____ City: _____

Postal Code: _____ Tel: _____ Cell: _____ Work: _____

Email: _____ Occupation: _____

Father's name: _____ Resides w/student? _____

Address: _____

Postal Code: _____ Tel: _____ Cell: _____ Work: _____

Email: _____ Occupation: _____

Family Information:

Does your child have any Allergies/Special dietary restrictions? No ___ Yes ___ What? _____ Life Threatening _____

Has your child had frequent ear infections? No ___ Yes ___

Has your child ever been seen by a doctor for ear infections or hearing problems No ___ Yes ___

Siblings:

Name: _____ Age: _____ Resides w/student? _____ School _____

Name: _____ Age: _____ Resides w/student? _____ School _____

I understand that:

- A parent and child meeting must be scheduled before the first class if your child is new to the program or graduating from the Infant class into the Toddler class. The facilitator will contact you to set up a day and time for your classroom tour.
- You may register your child for any number of classes per week. It is recommended to come as many days as possible. The prices outlined are based on registration for one class per week.
- Classes have a maximum of 6 participants. Preference for class date and time is based on a **First come first served policy**.
- This is merely an Application for Admission; no acceptance for enrolment is implied.
- Enrolment shall be at the sole discretion of North Star Montessori. Notification of acceptance will be via e-mail.
- 50% of fees paid will be refunded for withdrawals up to 7 days before the start of session once payment due date has passed.
- There is no refund for missed classes or for withdrawal from 6 days before the start of session.
- There will be a makeup class for any classes cancelled by North Star Montessori.
- I am eligible for one make up class per session where/if available should my child miss a class for any reason.
- The information on this form will be kept secure and confidential, in accordance with the *Freedom of Information and Protection of Privacy Act.*
- **To be considered complete and to be added to the waitlist, payment should accompany this application form.**

“I certify that the information I have provided on this form is correct” and I understand there is no refund for missed classes or withdrawal once the session begins.”

Signed, _____ (please turn over for page 2)

SEPTEMBER TO DECEMBER 2018 - 13 Classes - \$455.00 (cheque post-dated July 1, 2018 or date of registration if after July 1st)

MONDAY - Parent-Infant Class (2-16 months) Times: 8:40 – 10:10 am * 10:40 – 12:10 pm

TUE, WED, THUR & FRI - Parent-Toddler Class (16-36 months) Times: 8:40 – 10:10 am * 10:40 – 12:10 pm

THURSDAY- Parent-Toddler Class (16-36 months) Time: 12:40 – 2:10 pm

I am interested in _____ days/week

1st choice day(s) and time(s): _____ 2nd choice day(s) and time(s): _____

Total payment submitted with application \$ _____

JANUARY TO MARCH 2019 - 8 Classes - \$280.00 (cheque post-dated October 1, 2018 or date of registration if after October 1st)

MONDAY - Parent-Infant Class (2-16 months) Times: 8:40 – 10:10 am * 10:40 – 12:10 pm

TUE, WED, THUR & FRI - Parent-Toddler Class (16-36 months) Times: 8:40 – 10:10 am * 10:40 – 12:10 pm

THURSDAY - Parent-Toddler Class (16-36 months) Time: 12:40 – 2:10 pm

I am interested in _____ days/week

1st choice day(s) and time(s): _____ 2nd choice day(s) and time(s): _____

Total payment submitted with application \$ _____

APRIL TO JUNE 2019 - 10 Classes - \$350.00 (cheque post-dated February 1, 2019 or date of registration if after February 1st)

MONDAY - Parent-Infant Class (2-16 months) Times: 8:40 – 10:10 am * 10:40 – 12:10 pm

TUE, WED, THUR & FRI - Parent-Toddler Class (16-36 months) Times: 8:40 – 10:10 am * 10:40 – 12:10 pm

THURSDAY- Parent-Toddler Class (16-36 months) Time: 12:40 – 2:10 pm

I am interested in _____ days/week

1st choice day(s) and time(s): _____ 2nd choice day(s) and time(s): _____

Total payment submitted with application \$ _____