

Infant-Toddler Parent Participation Program Application
Summer 2018 (Toddler Only)



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: _____
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 one week prior to start of session.**
- **There is no refund for missed classes or withdrawal after one week prior to 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)



Infant- Toddler Session Dates Summer 2018

SUMMER 2018 - 4 Classes - \$140.00 (payable date of registration)

TUES, WED, THUR, FRI - Parent-Toddler Class (16-36 months): Times: 9:00 – 10:30 am * 11:00 – 12:30 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 \$ _____

Tuesday

July 3, 10, 17, 24

Wednesday

July 4, 11, 18, 25

Thursday

July 5, 12, 19, 26

Friday

July 6, 13, 20, 27