

Office Use:

Start Date: _____ Enrollment fee: _____

Date of Withdrawal: _____

Contact Information updated: Date: _____ Signed: _____



**Registration Form
Child's Information:**

Childs Name: _____
Date of Birth: _____
Home Address: _____
Home Phone: _____

Father Information:

Name: _____
Home Phone (if not the same as above): _____
Home Address (if not the same as above): _____
Work /Cell Phone: _____
Work Name and Address: _____
Email Address: _____

Mother Information:

Name: _____
Home Phone (if not the same as above): _____
Home Address (if not the same as above): _____
Work/Cell Phone: _____
Work Name and Address: _____
Email Address: _____

In Case if separation, Custody or access: Mother _____ Father _____

Emergency Contacts (other than the parents):

1. Name: _____ Home Phone: _____ Home Address: _____ Business/Cell Phone: _____
2. Name: _____ Home Phone: _____ Home Address: _____ Business/Cell Phone: _____

Persons Authorized to Pick up Child (other than parents listed above):

Name: _____ Relationship: _____
 Home Number: _____ Work/Cell Number: _____ 3)
 Name: _____ Relationship: _____
 Home Number: _____ Work/Cell Number: _____

Please Check One:

Full Time	Half Days A.M _____ P.M _____	Kindergarten before and/or afterschool
5x _____	5x _____	5x _____
3x _____	3x _____	
2x _____	2x _____	

Time you plan to drop your child off: _____

Time you plan to pick up your child: _____

How did you hear about our center?

- I agree to pay a registration fee of \$100 and I understand that this is a onetime fee and that it is non refundable. This fee is paid towards fieldtrips, monthly activities and yearly parties and events.
- I have read and understand the policies and the handbook information. I may be asked for input into policies, handbook review, surveys and an annual updates of my child’s files.
- I agree to give one months notice in writing before the first of any given month in case of withdrawal of my child.
- I agree to pay first and last month’s fee upon registering my child.

Parent Signature: _____ **Date:** _____

Health Information:

Office Use:

Start Date: _____ Enrollment fee: _____

Date of Withdrawal: _____

Contact Information updated: Date: _____ Signed: _____



Registration Form

Alberta Healthcare Number: _____

Physicians Name: _____

Physician Phone: _____

Health History:

Please check and or state any illnesses your child has had:

Measles _____ Chicken Pox _____

Mumps _____ Whooping Cough _____

Rheumatic Fever _____ Others _____

Chronic illnesses or conditions: _____

Allergies or food restrictions: _____

Operations or hospitalizations that we should be aware of: _____

Are there any daily medications that your child is taking and why?

Please indicate any additional health information that we should be aware of:

Immunizations up to date: Yes _____ No _____ Please provide copy of
 immuinizations. Please state your child guidance policy:

I hereby authorize the Staff at Alta Montessori Daycare to provide first aid to my child if necessary in the event of an illness or injury to my child while in the care of the staff at Alta Montessori Daycare. I agree to provide a copy of my child's immunization form.

Parent Signature: _____ Date: _____

Our Goal

Children proceed at their own pace and their own interests depending on each individual's ability. This information will allow us to understand and observe each child's different and unique way of doing things, and if there are any goals that you would like to work towards with your child we would love to help you accomplish these goals!

Likes/Dislikes:

Eating Habits:

Sleeping Habits:

Fears:

Culture:

Dietary Needs/ Allergies:

Goal(s):

Other:

Parent Permission:

Office Use:

Start Date: _____ Enrollment fee: _____

Date of Withdrawal: _____

Contact Information updated: Date: _____ Signed: _____



Registration Form

I give my child permission to go for walks in the neighborhood with staff and children at Alta Montessori Daycare.

Signature: _____ Date: _____

Comments: _____

I give permission to Alta Montessori Staff to show videos/DVD's to my child not more than twice a week for educational purposes or entertainment. Those videos/DVDs must be rated general.

Signature: _____ Date: _____

Comments: _____

I give permission to Alta Montessori Staff to take photos of my child and post them around the rooms for children and parents to see.

Signature: _____ Date: _____

Comments: _____

I give permission to Alta Montessori Staff to apply sunscreen and or bug spray that I have supplied for my child as needed.

Signature: _____ Date: _____

Comments: _____

I _____ give permission to Alta Montessori to take photos/videos of my child/children _____ and post them on the facebook page and the website only for promoting the daycare and advertising on facebook.

Parents Signature: _____ Date: _____

I _____ give permission to Alta Montessori to take photos/videos of my child/children _____ and post them on the facebook page and website only for the purposes indicated above but I request that my child's face not be shown in the photos /videos.

Parents Signature: _____ Date: _____