GLORIOUS DAWN MONTESSORI SCHOOL

DESTINY LIFE CHURCH,

COMMUNITY ROAD, SYOKIMAU

PRE-SCHOOL ENROLLMENT FORM

START DATE:

D / M / YEAR

NUMBER OF DAYS PER WEEK:

FULL DAY: yes / no AM: TO PM:

MON TUE WED THUR FRI

CHILD'S NAME:

SURNAME FIRST NAME MIDDLE NAME (NAME USED)

DATE OF BIRTH (D/M/Y): / / AGE: MALE/FEMALE

DOES THE CHILD LIVE WITH: BOTH PARENTS/ MOTHER/ FATHER/ GRAND PARENTS/ OTHER...

PLEASE EXPLAIN OR PROVIDE ANY COURT ORDERS TO THE SCHOOL.

IF PARENTS ARE DIVORCED OR SEPARATED, WHO IS THE CUSTODIAN PARENT?

ADDRESS: CITY:

POSTAL CODE: HOME TEL:

HOW DID YOU LEARN ABOUT GLORIOUS DAWN MONTESSORI SCHOOL?

FLYER: FRIENDS: SIGN: WEBSITE: OTHER;

(PLEASE EXPLAIN)

PARENT/ GUARDIAN INFORMATION

MARITAL STATUS: MARRIED DIVORCED SEPARATED SINGLE

FATHER'S INFORMATION

NAME:	WORK TELEPHONE #:
HOME TELEPHONE #:	CELL TELEPHONE#:
E-MAIL ADDRESS:	OCCUPATION:

EMPLOYER'S ADDRESS:

ADDRESS CITY: POSTAL CODE:

HOME ADDRESS IF DEFERENT FROM THE CHILD ADDRESS:

ADDRESS: CITY:POSTAL CODE:

MOTHER'S INFORMATION

NAME:	WORK TELEPHONE#:
HOME TELEPHONE#:	CELL TELEPHONE#:
E-MAIL ADDRESSS:	OCCUPATION:

EMPLOYER'S ADDRESS:

ADDRESS: CITY: POSTAL CODE:

HOME ADDRESS IF DEFFERENT FROM CHILD'S ADDRESS

ADDRESS: CITY: POSTAL CODE:

Your child will only be released to an authorized person listed on this form (parent/guardian and /or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any person/s who you authorize to pick your child on your behalf. A parent/ guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.

IN CASE OF EMERGENCY, EVERY EFFORT IS MADE TO CONTACT THE CHILD'S PARENTS/GUARDIANS. HOWEVER, IF THIS IS NOT POSSIBLE, THE SCHOOL WILL ATTEMPT TO CONTACT ALTERNATIVE EMERGENCY CONTACTR LISTED BELOW.

NAME	RELATIONSHIP	HOME#	WORK#	CELL#

STUDENT MEDICAL INFORMATION

INSURANCE (COMPANY AND POLICY)

CHILD DOCTOR'S NAME: DOCTOR'S TELEPHONE#:

HAS THIS CHILD BEEN TESTED FOR ALLERGIES? YES/NO

HAS THE CHILD BEEN DIAGNOSED WITH ALLERGIES? YES/NO

IF YES PLEASE DESCRIBE:

DOES THE CHILD REQUIRE AN EPI-PEN YES/NO

(IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO ENSURE THAT THE CHILD HAS A CURRENT DATED EPI-PEN AT SCHOOL AND IT IS RECOMMENED THAT ALL CHILDREN REQUIRING AN EPI-PEN HAVE TWO EPI-PENS ON A DUAL ONJECTION EPI-PEN).

IF YES, PLEASE COMPLETE THE "ADMINISTRATION OF PRESCRIPTION MEDICATION FOR ANAPHYLAXIS" ATTACHED

PLEASE PROVIDE A MEDICAL NOTE FROM THE CHILD'S DOCTOR DESCRIBING THE NATURE OF THE ALLERGY.

IMMUNIZATION:

The health unit now requires that we have a photocopy of your child's recent immunization record in our files. Please include a photocopy with the registration form. If you do not have the records, a copy can be obtained from your local heath unit.

HAS THE CHILD BEEN DIAGNOSED WITH ASTHMA? YES/NO

DOES THE CHILD REQUIRE AN INHALER FOR ASTHMA? YES/NO

(IT IS THE RESPONSIBITY OF THE PARENT/GUARDIAN TO ENSURE THAT THE CHILD HAS A CURRENT DATED INHALER AT SCHOOL.)

DOES THE CHILD CARRY ANY KIND OF MEDICAL PROBLEM, SOCIAL, EMOTIONAL PROBLEMS OR DISABILITIES, PLEASE EXPLAIN AND EXPOUND?

EMERGENCY CONSENT: It is our policy to notify a parent when a child is ill or needs medical attention while in our care. Occasionally, we cannot contact a parent or the 3 emergency contact numbers and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service. Please sign below so that we can take appropriate action on behalf of your child. **I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD** _____ **WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF MY CHILD'S SCHOOL WHEN / WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.**

PARENT'S/GUARDIAN'S SIGNATURE: **DATE:**

PHOTOGRAPHIC WAIVER

DURING THE SCHOOL YEAR, NUMEROUS PHOTOGRAPHS ARE TAKEN TO DOCUMENT DAILY CLASSROOM ACTIVITIES, TRIPS, EVENTS, AND SPECIAL ACTIVITIES. SOME OF THESE PHOTOGRAPHS ARE USED FOR SCHOOL PURPOSES, SUCH AS BULLETINS, BOARDS, DISPLAYS, YEARBOOK AND SMC NEWSLETTERS

CATEGORY	YES/NO	PARENT/ GUARDIAN INITIAL
This Centre's Décor		
The annual report		
Staff training purpose		
Publicity brochures		
Newsletters		
Any materials and articles promoting Glorious Dawn Montessori School, its programs and membership.		

In the event that any of these films, photographs, and videotapes are to be used for any other purposes, it is understood and agreed that my consent shall be obtained prior to any use.

ACADEMIC/ DAILY ROUTINE HISTORY

HOME LANGUAGES:DOES THE CHILD SPEAK ENGLISH? YES/NO

DO YOU WANT YOUR CHILD TO NAP IN THE AFTERNOON? YES/NO

DOES YOUR CHILD HAVE ANY SPECIAL LEARNING, BEHAVIOURAL OR PHYISICAL DIFFICULTIES? (WE ASK THIS IN ORDER TO KNOW AND CARE FOR YOUR CHILD) YES/NO

PLEASE EXPLAIN IF YES

LIST ALL FOOD THE CHILD SHOULD NOT EAT FOR RELIGIOUS/DIETARY REASONS.

IS YOUR CHILD TOILET TRAINED? YES/NO

ARE YOU TOILET TRAINING YOUR CHILD?YES/NO

HOW OFTEN WOULD YOU LIKE US TO TAKE YOUR CHILD TO WASHROOM TO SUPPORT HIS/HER TOILET TRAINNING?

EVERY HALF HOUR EVERY HOUR BEFORE BEDTIME AFTER BEDTIME OTHER(EXPLAIN)

PLEASE INDICATE THE AGES OF OTHER SIBLINGS. IF YOUR CHILD IS THE FIRST, MIDDLE OR LAST CHILD IN FAMILY.

IS THIS YOUR CHILD'S FIRST TIME IN A LEARNIG CENTRE?YES/NO

PLEASE LIST NAMES AND ADDRESS OF ANY OTHER PREVIOUS SCHOOLS (MAXIMUM 3):

1.

2.

3.
PLEASE SPECIFY ANY THING YOU WISH THE TEACHERS TO KNOW ABOUT YOUR CHILD DAILY ROUTINE?

EMERGENCY CONTACT CARD

MOTHER'S CONTACT NUMBER WORK: HOME: CELL: E-MAIL:	FATHER'S CONTACT NUMBER WORL: HOME: CELL: E-MAIL:
CHILD'S DOCTORDOCTOR'S TELEPHONE#:	
HEALTH CARD	
SPECIAL DIETARY /ALLERGIES OR NOTES:	IN CASE OF EMERGENCY, EVERY EFFORT IS MADE TO CONTACT THE CHILD'S PARENTS/GUARDIANS. HOWEVERR, IF THIS IS NOT POSSIBLE, THE SCHOOL WILL ATTEMPT TO CONTACT THE ALTERNATIVE EMERGENCY CONTACTS LISTED BELOW. FIRST NAME: SURNAME: WORK: HOME: CELL: ADDRESS: RELATIONSHIP TO THE CHILD:

METHOD OF PAYMENT

OPTION 1: DISCOUNT 5%: FULL ONE YEAR PAYMENT DUE AT THE TIME OF REGISTRATION.

OPTION 2:METHOD OF PAYMENT: CHEQUE, DEPOSIT TO THE BANK

ACCOUNT NAME: GLORIOUS DAWN MONTESSORI SCHOOL

BANK NAME:

BANK BRANCH:

ACOUNT NO:

OPTION 3: 5 % DISCOUNT IS OFFERED FOR 2ND CHILD FROM THE SAME FAMILY (Same Parents)

OPTION 4: 7.5% DISCOUNT IS OFFERED FOR 3RD CHILD FROM THE SAME FAMILY (Same Parents)

NOTE: THERE ARE NO REFUNDS FOR MID-TERM/MONTH WITHDRAWALS, HOLIDAYS, SICK DAYS, OR DAYS MISSED FOR OTHER REASONS, THROUGHOUT THE SCHOOL YEAR.

-Morning and afternoon snacks will be provided at no extra cost.

-Parents can select full day/half day and desired days of the week for 2-3 day programs.

EXTRA CHARGES ARE:

LUNCH AT KSH 16, 000 PER TERM.

TRANSPORT: AS PER THE LOCATION.

PARENT CONTRACT

COVERING

1) Financial Responsibilities 5) Privacy Information

2) Withdrawal Procedures 6) Permission to Engage in Activities

3) Code of Behavior 7) Emergency Medical Attention

4) Additional Operational Policies

Part 1 FINANCIAL RESPONSIBILITIES

The conditions of this agreement provide protection for our parents, as well as our program. To assure that we can provide these services, it is essential that the program be financially stable. Salaries and overhead expenses cannot be reduced as a result of absentee losses. This contract is a commitment that you will financially support the enrolment space guaranteed for your child. Failure to meet your financial commitment may result in termination of services.

I. A non-refundable family registration fee of KSH 10,000.00 is required. First month child care non- refundable fee will be required per child if placed to hold a spot on the list, upon start date will be used toward first month enrolment fee.

II. Fees in the form of monthly pre-authorized payment will be debited on the 20th working day of the month before the 1st of upcoming month. This payment can be done by Visa/ Master Card or Chq.

III. NSF payments returned from the Bank will be subject to a processing fee of .

IV. A receipt of payment will be issued after the year end for Income Tax purposes.

V. Refunds will not be made for Statutory Holidays or any absent days (including vacations or illness).

Part 2 WITHDRAWAL PROCEDURES

- signed, written notice of permanent withdrawal by you must be given 30 business days in advance. If the required notice is not received, full program fees will be charged.
- The provision of our service is conditional upon compliance of both you and your child to our Code of Behavior. Behavior from a child that poses a safety hazard will not be accepted and may result in immediate withdrawal.
- Should the Supervisor of the program determine that a child cannot adjust to the program, or if the parent had not upheld the Contract, the child will be withdrawn and this agreement will be terminated.

Part 3 CODE OF BEHAVIOR

The safety of all children is our primary concern. The following expectations are necessary to promote a happy, safe and comfortable atmosphere. The Child and the parents at all times shall:

Respect the building and equipment as well as the personal property of others.

Use acceptable language.

Be courteous of others.

Resolve conflict in a peaceful manner.

Conduct them in a manner which allows others to feel safe from verbal and physical abuse.

Show personal respect for all individuals through behavior and language.

Part 4 ADDITIONAL OPERATIONAL POLICIES

Ithe forms listed below are required upon application and before admission. These forms must be updated annually and as changes take place to ensure that we have the correct information on file.

Application Form

Child Health & Immunization Record

Information Sharing Consent Form

Parental Contract

II The hours of operation are 8:00 a.m.- 3:00 p.m. These hours will be posted throughout the School. A late fee of 500.00 for the first 15 minutes will be charged for the time that a staff member is required to stay with your child after closing. This late fee is paid immediately to the staff member in charge at the time. If the late fees are not paid they will be added to your monthly payment.

II. Our exclusionary policy, due to illness, is established by Public Health Services.

Iii. Regulations require daily outdoor play for each child. Our policy states that children too ill to play outdoors should remain at home. If a child becomes ill during the day, temporary care will be provided until you or your emergency contact can be contacted and your child taken home

iV. The School will administer prescription drugs to children, in accordance with Provincial legislation. This requires that parents provide:

- Written medical authorization, including the dosage and times any drug is to be given.
- Medication must be received in the original container, clearly labeled with the child's name, name of drug, dosage, the date of purchase and instructions for storage and administration of the drug. Non-prescription medications must be accompanied by a doctor's note.
- Medication is to be given directly to a staff member.
- If medication has expired, staff will refuse to administer.
- If your child will be absent from school due to sickness, holidays etc., please inform the staff in person or by phone.
- If your child is involved in a custody dispute, please inform the Supervisor in writing, providing a copy of the legal custody papers.
- Children will only be released to the care of authorized persons listed on the Child's Application Form.
- Once you have picked up your child at the end of the day, please note that your child's wellbeing is now your responsibility. Should your child be injured on Centre property, while in your care, you are responsible.
- Your child should be dressed in clothing suitable for physical activity, the weather and the season. A second set of clothes in a labeled bag should be brought to the Centre in case of accidents. Clothing and all personal articles should be labeled with your child's name. The Centre is not responsible for lost clothing and articles.
- Daily contact with parents and staff will be supplemented by individual interviews, group meetings and workshops. Parents are encouraged to visit and participate in our program. Parents are also encouraged to assist the Centre in ways which reflect their interest to parents (e.g. fund raising, making or repairing equipment). Information of interest to parents (scheduled activities, menus, names of staff, articles on child raising etc.) is accessible to parents on a bulletin board. Once a year we will invite parents to complete a confidential "Parent Survey" to assist us in evaluating our staff and our program. Parents will also be invited to join our Parent Advisory Committee which will meet quarterly.
- Staff encourages children to act in a respectful manner, appropriate to their developmental level and stage. Self-discipline is promoted and logical consequences are the preferred methods of encouraging appropriate behavior. Staff, volunteers and students sign the Behavior Management Policy and the Supervision of Children Forms upon hiring and annually thereafter. The behavior management actions of staff, volunteers and students are monitored and guidance is given to ensure that behavior management requirements are met.
- CHILD ABUSE POLICY: In accordance with the Child & Family Services Act, it is the responsibility of every person in SHADEL to immediately report to a Children's Aid Society if she/he suspects that child abuse has occurred, or if a child is at risk of abuse. This includes any person who performs professional duties with respect to children, any operator, or any parent. An individual's responsibility to report cannot be delegated to anyone else. The Centre does not investigate or lay blame; it simply reports and follows the Society's directions. If a parent, staff or other accuses a staff member of abuse, it is the duty of the individual making the allegation and the Centre to report the accusation to the Children's Aid Society and follows the direction given.

Part 5 PRIVACY INFORMATION

I hereby consent to the collection, use and disclosure of my parental and my child (ren)'s personal information by the Centre for the purposes of providing child care services to my child(ren) enrolled in the Centre programs. I understand that the Centre protects the privacy of all personal information in its possession in compliance with prevailing privacy legislation and in accordance with the Centre's privacy Policy.

Part 6 PERMISSION TO ENGAGE IN PROGRAM ACTIVITIES

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the program.

Part 7 EMERGENCY MEDICAL ATTENTION

I hereby grant permission for staff to take whatever steps may be necessary to obtain medical care, if warranted. These steps may include but not limited to, the following:

- Contact a parent or guardian/emergency contact
- Contact the child's physician
- Call an ambulance
- Administer reasonable First Aid measures

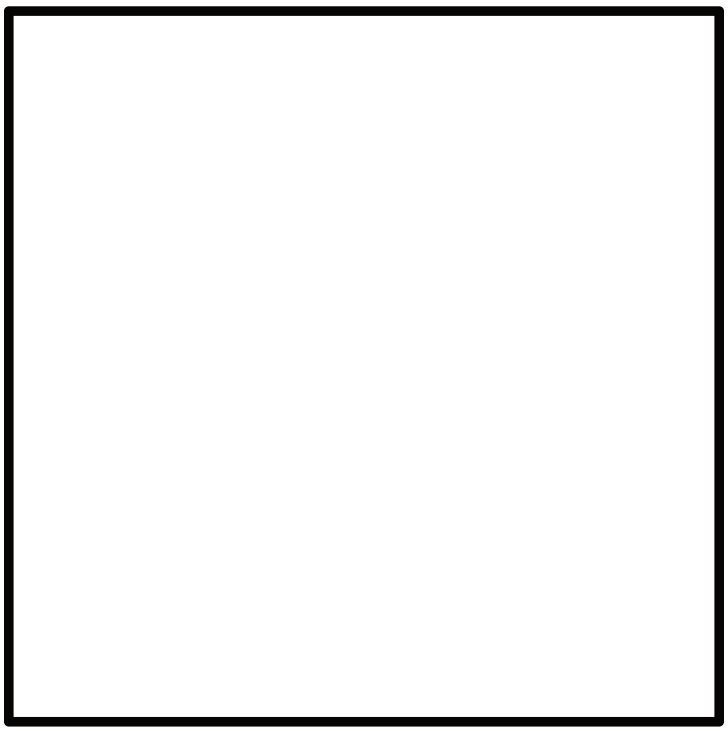
I HAVE READ, UNDERSTOOD AND AGREE TO ABIDE BY ALL POLICIES

Parent namedate (d/m/y)

Parent's signaturedate (d/m/y)

Supervisor's signaturedate (d/m/y)

PHOTO



NEW STUDENT ENROLLMENT CHECKLIST

OFFICIAL USE ONLY

NAME OF STUDENT	DATE OF REGISTRATION
MOTHER CONTACT NUMBER WORK: HOME: CELL: E-MAIL:	FATHER CONTACT NUMBER WORK: HOME: CELL: E-MAIL:
APPLYING FOR TODDLER ELIMENTARY	
NUMBER OF DAYS PER WEEK: FULL DAY AM PM MON TUE WED THUR FRI TOTAL FEE PER MONTH: METHOD OF PAYMENT CHEQUE_____. BANK SLIP _____.	SPECIAL DIETRY OR ALLERGIES: SPECIAL NOTE:
REQUIRED SIGNATURE:	

CONTRACT: **AUTHORIZATION RELEASE FORMS:** **IMMUNIZATION RECORD:** **HEALTH CARD/INSUARANCE** **BIRTH CERTIFICATE:**	**REQUIRED SIGNATURE:** **METHOD OF PAYMENT FORM:** **RECEIVED _____# CHEQUES.** **CHILD PICTURE (PASSPORT SIZE)** **EMERGENCY CARD**