



Application for Admission 2024-2025

Allergies
 PIR not shared

Program: AM PM Full Days
 Before School Care
Kindergarten: 5 half days 5 full days
Pre-School: 5 half days 3 half days 2 half days 5 full days 3 full days 2 full days

Student Information

Student's Legal Name: _____
Last First Middle
Name by which student is called: _____ Date of Birth: _____
MM / DD / YY
Sex (M/F): _____ Language spoke at home: _____

Parent/Guardian Information

Parent/Guardian's Name: _____ Relationship: _____
Address: _____
Street

City Province Postal Code
Home / Daytime #: _____ Cell #: _____
Business Name: _____ Work #: _____
Email Address: _____

Parent/Guardian's Name: _____ Relationship: _____
Address: _____
Street

City Province Postal Code
Home / Daytime #: _____ Cell #: _____
Business Name: _____ Work #: _____
Email Address: _____

Child lives with: Both Parents Mother Father Other: _____

Emergency Contacts (other than parents or guardians)

If your child is in the care of a babysitter during the day, please include this as one of the contacts.

Emergency Contact #1 Name: _____

Address: _____

Street

City

Province

Postal Code

Home #: _____ Cell #: _____ Work #: _____

Email: _____

Emergency Contact #2 Name: _____

Address: _____

Street

City

Province

Postal Code

Home #: _____ Cell #: _____ Work #: _____

Email: _____

Pickup Information

Please list people your child may be released to (other than the parents/guardians). "New Faces" will be asked to show Photo ID.

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Living and Custody Arrangements

If applicable, are there any separation agreements, court orders or other documents setting out custody arrangements for the child? Yes No

Have copies been provided for WMS? Yes No Will be provided Will not be provided

Are you aware that WMS cannot ask the police to enforce custody arrangements if documents are not provided?
 Yes No

If applicable, are there any informal custody arrangements? Please describe:

Medical Information

Doctor: _____ Phone Number: _____

MB Health #: _____ PHIN: _____

Describe any physical, developmental, emotional or medical conditions relevant to the care of your child. Please be specific and give suggestions about how we can best accommodate these needs.

Does your child have allergies to food, animals, medication, etc.? Yes No

If yes, please describe: _____

If Yes, are the allergies life-threatening (anaphylaxis?) Yes No

If yes, you will be required to fill out Unified Intake Referral System forms. **An Epipen will need to remain at the school at all times.** Please provide more details.

Additional Information

How did you hear about our school? _____

Nap Information (for full day children only):

Children who do not nap will rest on a cot for 30 minutes.

I want my child to nap: Yes No I want my child to rest on a cot each day: Yes No

Are there any cultural, religious or personal requirements or restrictions that we should be aware of?

Yes No

If yes, please specify. _____

Previous Program Attended:

Siblings' Name: _____ DOB (m/d/y): _____ School Attended: _____

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Siblings' Name: _____ DOB (m/d/y): _____ School Attended: _____

Is there any other information that may help us facilitate your child's transition into the child care facility? (special interests, specific likes/dislikes, major family changes, etc.) Please advise us of any celebrations that you and your family have, and the dates on which they will fall this school year. We will do our best to incorporate them into our daily programming.

Is your child an Aboriginal person, that is, First Nation (North American Indian), Metis, or Inuit (Note: First Nations (North American Indian) include Status and Non-Status Indians). If "Yes", mark the selection that best describes your child:

- Yes, First Nation (North American Indian) Include Status and Non-Status Indians
- Yes, Metis
- Yes, Inuit
- Not of Aboriginal Descent

If applicable, which best describes your child's Aboriginal cultural-linguistic identity:

- Anishinaabe (Ojibway/Saulteaux)
- Ininiw
- Dene (Sayisi)
- Dakota
- Oji-Cree
- Michif
- Inuktitut
- Other – please specify: _____

Medical Release

In the event of an emergency, I _____ give permission to Winnipeg Montessori School Inc. to take whatever emergency measures deemed necessary for the protection of my child _____ while in their care. I understand that WMS will make every attempt to contact me and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

Photography & Video Recording Permission

I _____ understand that while my child _____ is present at Winnipeg Montessori School Inc. personal recording (i.e. videotaping or photography) will be allowed during special school functions and for use within the School.

During Special events (i.e. Holiday Circle and last day of School), when many families gather, I understand and accept that pictures and videotaping may take place by other families and it is my responsibility to remove my child if I do not want them to appear in photos or video. **Initial** _____.

I consent to have my child's picture posted on Facebook and Instagram. Yes No

Personal Information Release

I _____ understand that while my child _____ is present at Winnipeg Montessori School Inc. personal information (i.e. name, address, phone number & email address) may be shared with other families attending Winnipeg Montessori School for assisting with birthday party invitations, playdate arrangements etc. Please inform the school if you do not wish to share personal information.

Communication Release

By signing and providing my contact information, I hereby consent to Winnipeg Montessori School Inc. contacting me by way of telephone and e-mail for purposes of information regarding my child, school programs and events, or registration/withdrawal. Such consent is given for two years from time of signing.

Date

Signature

Registration

Registration will be considered complete only upon receipt of the non-refundable Registration fee and withdrawal fee. I/We understand that these fees will not be refunded, should withdrawal occur at anytime between registration and September 1, but that my child will be welcome to attend for the first 4 weeks in lieu of refund of tuition payment, per Parent Policy Manual. **Initial** _____.

I/We the undersigned disclosed full and accurate information and have read and understood the information provided. I/We have read and agree to follow all of the Winnipeg Montessori School Parent Policies & Code of Conduct.

Date

Signature