



AGAPE CHRISTIAN MONTESSORI SCHOOL

301 Silver Star Blvd., Scarborough ON M1V 0B6
Phone: 647-717-1800
E-mail: info@agapecms.com
www.agapecms.com
Business Number: 82204 1455 RT0001

REGISTRATION FORM

Please fill this form with black pen

Child's Full Name: _____ Age: _____ Birth Date: _____ (mm/dd/yy) Gender: _____
Citizenship: _____ Home Phone: _____ Address: _____
Date of Admission: _____ Enter class: _____ Last day of school: _____ (filled out by school)
Is your child currently attending a school? If so, which school? _____
Regular medications: _____ (fill out Permission to Administer Medications form)
Medicine allergic to: _____ Food allergies: _____ Any other allergies: _____
(fill out Anaphylactic Emergency form)
Any other special medical conditions: _____
Any info regarding diet, rest and physical activities: _____

Child's interest: _____ Child's language used at home: _____
Child's birth order: 1st, 2nd, 3rd, 4th, 5th Please provide siblings' names, dates of birth and genders: _____
Does the child have special needs? _____
Is the child toilet trained? Yes / No Additional info: _____
Church affiliation: _____ Name of Pastor: _____
How did you get to know our school? _____ If someone introduced you to us, who is that person? _____
Parent's / Guardian's name: _____ Signature: _____ Date: _____ (mm/dd/yy)

PARENT/GUARDIAN INFORMATION

Does the child live with ___ Mother, ___ Father, or name of the guidance: _____.
Is the child involved in a custody dispute/agreement? Yes / No If yes, please attach custody papers.
The school must have at least one working address in case of emergency.

| Relationship | Mother | Father | Guardian |
|-------------------|--------|--------|----------|
| Name | | | |
| Address | | | |
| Occupation | | | |
| Email Address | | | |
| Cell Phone Number | | | |
| Work Address | | | |
| Work Phone | | | |
| Working Hours | | | |

EMERGENCY CONTACTS

Primary Emergency Contact

First Name: _____ Last Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship to Child: _____ Address: _____

Secondary Emergency Contact

First Name: _____ Last Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship to Child: _____ Address: _____

Any special instructions on how to reach parents: _____

CONTACT IN CASE OF SCHOOL CLOSURE

In case of bad weather or power outage at school, the school will be close. The school can contact parents between 7pm to 8am of the following morning. Here is my contacting information during those hours:

Email address: _____ Phone #: _____ Text message phone#: _____

CHILD RELEASE FORM

Child's name: _____

Please list below the people who have ***Permission*** to pick up your child besides the primary and secondary contact persons.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

I/We will notify AGAPE CHRISTIAN MONTESSORI SCHOOL if anyone other than the names above will be picking up the child noted above, at all times, either by phone or by indicating in the message book.

I/We understand that picture ID may be required at any time a child is being picked up and the pickup persons have to be 18 years old and above. Please notify that pick up person in advance.

If the staffs are unsure in any way about releasing a child to any person, they will not release them unless there has been a notification from a parent.

To avoid misunderstandings, please make sure that alternate arrangements are known to all staff members at all times.

Parent's / Guardian's name: _____ Signature: _____ Date: _____ (mm/dd/yy)

EMERGENCY INFORMATION

1. Child's name: _____ Child's OHIP number: _____

Child's doctor: _____ Doctor's phone number: _____

Doctor's address: _____

*Immunization record: please fill out Request for Immunization form from the Toronto Public Health

Child has already had:

Measles German Measles Chicken Pox Mumps Whooping Cough

Other important information: _____

MEDICAL CONSENT FORM

In case I/we cannot be contacted immediately during an emergency, I/we hereby grant my consent for my child to be given emergency medical treatment as prescribed by a treating physician and hold AGAPE CHRISTIAN MONTESSORI SCHOOL and its employee harmless.

In case I/we cannot be contacted immediately during an emergency, I/we hereby grant my consent for my child to be given emergency surgical treatment as prescribed by a treating physician and hold AGAPE CHRISTIAN MONTESSORI SCHOOL and hold its employee harmless.

I/We hereby give my permission that in the case of an emergency, the staff of AGAPE CHRISTIAN MONTESSORI SCHOOL to arrange for emergency transportation either by taxi or ambulance or for the attending physician to administer the required emergency treatment.

I/We allow AGAPE CHRISTIAN MONTESSORI SCHOOL to use my child's medical information to provide my child with appropriate care of medication treatments in case of emergency.

Child's name: _____

Parent's / Guardian's name: _____ Signature: _____ Date: _____ (mm/dd/yy)

FREEDOM OF INFORMATION STATEMENT

AGAPE CHRISTIAN MONTESSORI SCHOOL records contain a great deal of information about the children.

From time to time THE MINISTRY OF FAMILY, COMMUNITY AND SOCIAL SERVICES and THE MINISTRY OF EDUCATION will be visiting the school and may look at the files to ensure that all the information is up-to-date.

Please be assured that all information is kept in the strictest confidence.

Since the Staff work directly with the development of the children, they reserve the right to consider other organization of reference.

I, the undersigned, certify that I have read and understood the above AGAPE CHRISTIAN MONTESSORI SCHOOL, Freedom of Information Statement.

Child's name: _____

Parent's / Guardian's name: _____ Signature: _____ Date: _____ (mm/dd/yy)

AUTHORIZATION FOR PUBLICITY

Parents are required to give their consent to the appearance of their child in any publicity arranged for AGAPE CHRISTIAN MONTESSORI SCHOOL through various media such as newspaper, radio, TV, slide presentations, newsletters, the AGAPE CHRISTIAN MONTESSORI SCHOOL website and/or other publications.

AGAPE CHRISTIAN MONTESSORI SCHOOL uses such publicity:

- As a teaching tool to benefit of the child.
- To keep the public informed of the school's existence.

I, the undersigned, hereby give my full consent to my child, _____'s appearance in any publicity arranged by AGAPE CHRISTIAN MONTESSORI SCHOOL.

Parent's / Guardian's name: _____ Signature: _____ Date: _____ (mm/dd/yy)

FIELD TRIP BLANKET CONSENT FORM

My Child, _____, may participate in all supervised excursions planned by Agape Christian Montessori School.

This approval applies strictly to trips conducted on foot.

I understand that trips involving other means of transportation, like bus rides, require separate authorization.

Parent's / Guardian's name: _____ Signature: _____ Date: _____ (mm/dd/yy)

ADMINISTRATION OF CREAM BLANKET CONSENT FORM

Please check the boxes

_____ Application of sunscreen

_____ Application of diaper cream

_____ Application of lip balm

_____ Application of hand cream

Note:

The parent is responsible to bring in the sunscreen (summer), the diaper cream, the lip balm and the hand cream (winter) in their original package. The school prefers a small tube.

Parents is responsible to label all tubes with a black marker

Parents need to check if your child is sensitive to any of the products you are bringing in.

Parent's / Guardian's name: _____ Signature: _____ Date: _____ (mm/dd/yy)

CONSENT FOR APPLICATION OF HAND SANITIZER

Your child might be using hand sanitizer provided by the school to disinfect the hands. The purpose is to avoid spreading the germs. Please check one of the following:

___ I allow my child to use hand sanitizer provided by the school.

___ I do not allow my child to use hand sanitizer provided by the school.

Parent's / Guardian's name: _____ Signature: _____ Date: _____ (mm/dd/yy)

