

Emergency-(2) Name and Telephone Number

(If unable to reach parents)

Name _____

Telephone _____

Relationship _____

I give permission for my home phone number and child's name to be used on a class friends' list

I give permission for my child's image (pictures taken by KMS) to be used for advertising purposes and/or placed on the website

Medical Information:

Health Card Number: _____

Family Doctor Title: _____

Address: _____

Postal Code: _____

Phone: _____

Child Health Information:

Immunisation Record

Please attach a copy of all relevant documentation in regards to the following.

Is your child fully immunised? YES NO

Dates:

A copy of your child's immunisation record must be sighted by a member of the Kidsopolis team and a copy attached to this form.

Please ensure you notify the Early Years Coordinator upon the completion of each immunisation update.

Has your child ever been diagnosed with any of the following?

German Measles	YES		NO		Seizures	YES		NO	
Mumps	YES		NO		Convulsions	YES		NO	
Whooping Cough	YES		NO		Chicken Pox	YES		NO	
Measles	YES		NO						

Other (Please Specify): _____

If you have ticked YES to any in the list above, please specify relevant details below:

Does your child suffer from any allergies? YES NO

If yes, please provide relevant details below including your child's allergy, side effects, treatment and action:

Does your child have a diagnosed disability or special needs? YES NO

If yes, please provide relevant details below:

Does your child take prescribed medication or treatment on a regular basis?

YES NO

If yes, please provide relevant details below:

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Does your child suffer from anaphylaxis? YES NO

If yes, please provide relevant details below:

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More about Your Child

Does your child have any special dietary or cultural restrictions or particular food dislikes or likes?

If yes, please provide relevant details below:

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Please list any other details that could help us in providing your child with the most suitable dietary options:

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Has your child been toilet trained? YES NO

Please provide details, if necessary:

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Does your child sleep in a bed or a cot? Bed Cot

Please describe your child's sleeping times/habits (including day/night, comforters, and fears/phobias):

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Terms of Admission

1. Children are accepted into Children's House as early as 2 ½ years. Children must be toilet trained.
2. Due to the unique cycle of Montessori, consideration of admission to the Children's House will generally be given to children who have passed their fourth birthday on an individual basis only after an interview with KMS.
3. KMS reserves the right to accept or reject this application and also to request the withdrawal of any child if, in the opinion of the Head Directress, this action is deemed prudent.
4. KMS reserves the right to make such rules and regulations in the operation of the Academy, as it deems appropriate, and it is a condition of attendance that these rules and regulations be observed.
5. Application fee is non-refundable and ensures your child's place for the school year.
6. Please inform KMS of any changes to this Application for Admission or specifics pertaining to your child as soon as possible.
7. Uniforms are to be worn on a daily basis (except on Fridays) as they provide our children with a sense of community.
8. The length of the Casa program in Kidsopolis is 5 hours and 45 minutes and parents will be billed \$____/hour in increments of 30 minutes for any time they use after core hours. This program is billed the following month as utilized.
9. KMS depends upon prompt payment of fees for operating expenses. Should fees remain outstanding after the due date, KMS reserves the right to cancel enrollment and/or take action as deemed necessary to collect fees.
10. All parents are to read our "Parent Handbook" available at kidsop@kidsopolis.com to be familiar with our policies and procedures specific to our operation.
11. KMS requires all parents to treat the staff, children and other parents with respect and dignity at all times.

I/We have read and understand the Terms of Admission.

Date: _____

Date: _____

Signature of Parent/Guardian

Signature of Parent/Guardian

Print Name of Parent/Guardian

Print Name of Parent/Guardian

Please specify your child's attendance time. The duration of the attendance time must be less than 6 hours as KMS only offers half day program. Based on the number of enrolled children some programmes/times may not always be available.

Preferred Attendance Time (please pick one):

a. 8am to 1:45pm - Commencing _____
Day / Month / Year

b. 9am to 2:45pm - Commencing _____
Day / Month / Year

c. 10am to 3:45pm - Commencing _____
Day / Month / Year

d. 11am to 4:45pm - Commencing _____
Day / Month / Year

e. 12pm to 5:45pm - Commencing _____
Day / Month / Year

Note: You can ask for our "Casa Daily Schedule" for more details.



Child Profile Sheet

Please PRINT with as much detail as possible and include a recent photograph of your child-**TO BE RETURNED WITH APPLICATION**

Name of Child _____ Every day Name _____

Birth Date ____/____/____ F M Toilet Trained: Yes ___ No ___
DD MM YYYY

Address _____

Phone Numbers:

Home: _____

Parent/Guardian _____

Work _____

Cell _____

Parent/Guardian _____

Work _____

Cell _____

Emergency Name _____

Work _____

Cell _____

Allergies _____
(Please be very specific)

How would you describe your child's demeanor? _____

How would you describe your child's personality and learning style? _____

Home environment:

Names and Date Of Birth of siblings:

1. Name: _____ DOB: _____

2. Name: _____ DOB: _____

3. Name: _____ DOB: _____

Caregivers' / Nannies: _____

School experiences: _____

Language(s) spoken/written at home: _____

Do you read to your child? _____

Typical family activities: _____

Sleeping habits: _____

Special considerations (please give details): _____

Eating habits / dietary concerns: _____

People authorized to pick up your child: _____

(Please print the Name and Relationship)

Parent / Guardian Signature

Parent / Guardian Signature



Epipen Administration Form

Date: _____

Name of Child: _____

Date: _____ Inclusive of date _____ To

_____. If unused, the Epipen will be returned at the end of the school year. Please confirm expiry date: _____

This note is to authorize the supervisor/staff of Kidsopolis Montessori School (KMS) to administer the Epipen provided, as needed.

Waiver

I agree that KMS is acting on my behalf, as instructed by a medical doctor, to administer the above mentioned medication to my child.

Parent/Guardian _____
Signature Name (Print) Date:

The Epipen provided was administered

Date: _____

By Staff Member (Signature and Printed Name): _____

Reason: _____
(Please be very specific)

At: Time (a.m.) _____ Time (p.m.) _____

Parent Contacted: _____ At _____