

BEAMTON MONTESSORI

Preschool & Kindergarten

#105, 500 Centre Ave. NE, Airdrie, Alberta T4B 1P9

Work: (403) 918-0121 Website: www.beamtonmontessori.com

Email: beamtonmontessori@gmail.com

Registration Form

Student Information:

Date of Registration: _____

Full legal name: _____

Date of birth (month/day/year): _____ Age: _____ (yrs.) and _____ (mos.) Gender (f/m)

Home address: _____

Home phone: _____

Parent Information:

Mother's full name: _____

Home address: _____

Home phone: _____ Cell phone: _____

Work phone: _____

Email address: _____

Father's full name: _____

Home address: _____

Home phone: _____ Cell phone: _____

Work phone: _____

Email address: _____

Emergency Contact Information (OTHER THAN PARENTS)

1. Name: _____ Relationship to child: _____

Home phone: _____ Cell phone: _____

Address: _____

2. Name: _____ Relationship to child: _____

Home phone: _____ Cell phone: _____

Address: _____

Authorized person(s) permitted to pick up your child at Beamton Montessori (MAY INCLUDE PARENTS)

1. Name: _____ Relationship to child: _____

Home phone: _____ Cell phone: _____

2. Name: _____ Relationship to child: _____

Home phone: _____ Cell phone: _____

Parent/Family Volunteering:

Volunteering may be needed in the events of absence of school staff due to sickness, emergencies, or assistance in future field trips.

Days of the week generally available: _____ am/pm (please circle one)

Notice required: _____

Number of potential future siblings: _____

How did you hear about us? _____

- ☐ Driving by
- ☐ Family/Friend Referral, if so whom? _____
- ☐ Website
- ☐ Or Ad, if so specify where? _____

Programs and Fees:

PLEASE SELECT AND MARK AN OPTION WITH THE PREFERRED TIME SLOT

- ☐ **Option 1: 5 days – Monday to Friday \$475/month**
 - ☐ Time Slot 1: 8:30 AM – 11:30 AM
 - ☐ Time Slot 2: 12:30 PM – 3:30 PM
- ☐ **Option 2: 4 days – Tuesday to Friday \$400/month**
 - ☐ Time Slot 1: 8:30 AM – 11:30 AM
 - ☐ Time Slot 2: 12:30 PM – 3:30 PM
- ☐ **Option 3: 4 days – Monday to Thursday \$400/month**
 - ☐ Time Slot 1: 8:30 AM – 11:30 AM
 - ☐ Time Slot 2: 12:30 PM – 3:30 PM
- ☐ **Option 4: 3 days – Monday-Wednesday-Friday \$340/month**
 - ☐ Time Slot 1: 8:30 AM – 11:30 AM
 - ☐ Time Slot 2: 12:30 PM – 3:30 PM
- ☐ **Option 5: 2 days – Tuesday and Thursday \$245/month**
 - ☐ Time Slot 1: 8:30 AM – 11:30 AM
 - ☐ Time Slot 2: 12:30 PM – 3:30 PM
- ☐ **Option 6: 2 days – Monday and Wednesday \$245/month**
 - ☐ Time Slot 1: 8:30 AM – 11:30 AM
 - ☐ Time Slot 2: 12:30 PM – 3:30 PM
- ☐ **Option 7: Other – Schedule Customized by Parents**
(This is offered based on program's available days which have not reached the class size limit yet.)
Days/time _____

Note: Option 5 and 6 have limited availability only allowing limited spots for each time period.

INDICATE WHICH E-MAIL ADDRESS WILL BE USED TO RECEIVE INVOICE: _____

Field trips:

Proper procedure will always be followed to ensure the safety of your child on and off the school premises. Beamton Montessori does not take any responsibility/liability which may incur during field trips either around or outside the school facility. There will be proper consent forms for all parents to complete beforehand. Common outdoor activities are fire drills held once a month and a short walk and play to nearby community playground (Jensen Park) during summer season. The adult-child ratio will be considerably observed. Transportation is not provided by the program in any types of field trips.

Health information:

Child's Alberta health care number: _____

Health clinic: _____

Doctor's name: _____

Phone number(s): _____

Address: _____

Does your child have any of the following concerns: (yes/no)

Physical: _____ social/behavioral: _____

Vision: _____ hearing: _____

Are all the immunizations up to date (yes/no): _____ if not, why? _____

Does your child have any diet restrictions? _____

Is the child toilet trained? _____

Is your child on any medication? _____

Does your child have any allergies? Yes or No

If yes, please specify: _____

If your child requires an epi pen, please provide a letter from your child's doctor stating this requirement.

Please initial the following consent.

I give consent to all staff employed by Beamton Montessori to provide first aid to my child in case of an emergency and to administer an epi pen or any other emergency medication due to a severe allergic reaction.

Please initial here: _____ date: _____

Add the most current picture of your child in the space below (Optional)

