

# BEAMTON MONTESSORI

Preschool & kindergarten

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

Work: (403) 918-0121 / (403) 980-4647 Website: [www.beamtonmontessori.com](http://www.beamtonmontessori.com)

Email: [beamtonmontessori@gmail.com](mailto: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: \_\_\_\_\_ Fax: (If applicable) \_\_\_\_\_

Email address: \_\_\_\_\_

Father's full name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Fax: (If applicable) \_\_\_\_\_

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

**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: \_\_\_\_\_

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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? \_\_\_\_\_

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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: \_\_\_\_\_

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

