



## Student Registration Form 2018 – 2019 school year

Class: \_\_\_\_\_ AM \_\_\_\_\_ PM

\_\_\_\_\_ **Preschool**  
(must be 3 as of Sept. 1<sup>st</sup> 2018)

\_\_\_\_\_ **Kindergarten**  
(must be 5 as of December 31<sup>st</sup> 2018)

<b>Student Information</b>
----------------------------

Student's Legal Last Name:

Student's Legal First Name:

Student's Legal Middle Name:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gender:  male  female

Birth date: \_\_\_\_\_  
month / day / year

Student's Birth Country: \_\_\_\_\_

Address: \_\_\_\_\_ (P.O. Box/Street)

\_\_\_\_\_ (City)

\_\_\_\_\_ (Postal Code)

Telephone Number: \_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_



**Person to contact in case of emergency other than  
parents/guardians:**

**FIRST EMERGENCY CONTACT**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**SECOND EMERGENCY CONTACT**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

FOR SCHOOL USE ONLY: Date received: \_\_\_\_\_

Signature: \_\_\_\_\_

# Medical Alert Information

Student Name: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Does the child have annual medical checkups?  YES  NO

Are your child's immunizations up to date?  
(Please supply a copy of an immunization record.)  YES  NO

Does your child have any allergies?  YES  NO

If YES please describe \_\_\_\_\_  
\_\_\_\_\_

Does your child have any ongoing medication?  YES  NO

If YES please describe \_\_\_\_\_  
\_\_\_\_\_

Please indicate any concerns about your child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

St. Albert Montessori School  
6 Bernard Drive  
St. Albert, Alberta T8N 0B4

## Registration Document (2018 – 2019)

Educational Fees: \$4500 annually

Other fees: \$50 registration, \$100 field trip

All registration forms must be completed and accompanied by:

- 1) \$50.00 non-refundable registration fee
- 2) \$650.00 tuition deposit
- 3) 10 post-dated cheques for \$385.00 dated from September 1<sup>st</sup>, 2018 to June 1<sup>st</sup>, 2019 or one additional cheque for \$3850.00.
- 4) \$100.00 non-refundable field trip fee

### Withdrawal Information:

A written notice must be given two months in advance of the 1<sup>st</sup> of a month your child won't be attending school, or one month tuition will be due. For example, if your child is going to attend school until November 30<sup>th</sup> a notice needs to be received by St. Albert Montessori School on or before October 1<sup>st</sup>.

Withdrawals must be made by January 1<sup>st</sup> in order to accommodate another student and ensure you receive pro-rated tuition deposit refund. All withdrawals made after January 1<sup>st</sup> will be subject to full tuition deposit.

Vacations and missed field trips are non-refundable.

I hereby accept the terms as set out by St. Albert Montessori School

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Short Outings Permission

Alberta Social Services regulations require parent signature on a general permission form stating that we (St. Albert Montessori School) have permission to take your child to the park or on a short outing such as a nature walk during class time. This is not a permission form for field trips to any specific location away from school, only a general form meant to last the entire school year.

I \_\_\_\_\_, give permission for my child,  
\_\_\_\_\_ to participate in activities pertaining to  
St. Albert Montessori School in the facility, nearby parks or surrounding nature areas.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Medical Emergency Transportation Permission

Alberta Social Services regulations require parent signature on a general permission form stating that we (St. Albert Montessori School) have permission to call and give permission to an ambulance service to transport your child/children to the appropriate medical facility in case of a medical emergency. This is a general form meant to last the entire school year.

I \_\_\_\_\_, give permission for my child  
\_\_\_\_\_ to be transported by an ambulance service to  
an appropriate medical facility in case of emergency.

St. Albert Montessori School will not be held responsible for any payment of ambulance services needed by your child while in our care.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**St. Albert Montessori School  
6 Bernard Drive  
St. Albert, Alberta T8N 0B4**

**Release Form (2018 – 2019)**

I \_\_\_\_\_ (please print your name in full), hereby consent and authorize St. Albert Montessori School to use photographs and videos taken of my child for internal newsletter, news releases, and St Albert Montessori School promotional materials, including online, printed documents, posters created for and controlled by St. Albert Montessori School. My child's name will not be used. I will make no monetary or other claim against St. Albert Montessori School for the use my child's photograph or a video in the above mentioned media.

Student (print full name) \_\_\_\_\_

Parent/Guardian (print full name) \_\_\_\_\_

Address \_\_\_\_\_

City, Province, Postal code \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

The information that you provide to St. Albert Montessori School is collected under the authority of the Alberta Personal Information and Privacy Act. The information will be used for contact purposes only.