

# St Albert Montessori Day Care

|                          |
|--------------------------|
| <b>Child Information</b> |
|--------------------------|

Child's Legal Last Name:

Child's Legal First Name:

Child's Legal Middle Name:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gender:  male  female

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

Child's Birth Country:

\_\_\_\_\_

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

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

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

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

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

**Parent/Guardian Information**

**Mother's Name** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Phone** \_\_\_\_\_  
                                **home**                                  **work**                                  **cell**

**E-mail address** \_\_\_\_\_

**Father's name** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Phone** \_\_\_\_\_  
                                **home**                                  **work**                                  **cell**

**E-mail address** \_\_\_\_\_

**If you cannot pick up your child, please give the names, contact information (telephone number and address) and relationship of a person to whom the child can be released:**

---

---

**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 DAY CARE USE ONLY: Date received: \_\_\_\_\_

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

# Medical Alert Information

Child's Name : \_\_\_\_\_

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

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

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

Does the child have annual medical checkups?

YES  NO

Are your child's immunizations up to date?

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

# Registration Document

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

All registration forms must be completed and accompanied by:

\$50.00 non-refundable registration fee  
\$1300.00 Day care and Preschool fee or  
\$1100.00 Day care fee for children 19 months to 3 years or  
\$1000.00 Day care only for children 3 years to 6 years  
Fees are subject to change.

Payment is due on the first day of each month. Cash or cheques are accepted. We would prefer at least 6 postdated cheques on registration day. Parents receiving government subsidy will be required to pay the difference between the government rate and the St Albert Montessori Day Care monthly fee. We require all forms and documents to be submitted to us prior to child's first day of school.

#### Payment and Penalty Policies

- Initial fees (administration fee and fieldtrip fee if applicable) and first month fee are due in advance before your child can start attending the day care.
- Fees can be paid by cheque or cash. In case that cheque is returned due to Non-Sufficient Funds (NSF) the child will not be allowed to attend the day care until the payment and \$30.00 NSF fee has been paid in cash.
- Late payments will be subject to \$10.00/day penalty and your child will not be allowed to return until all fees and penalties are paid.
- Late pick-up penalty is \$15.00 per every 15 min segment (or part of) after 5:30pm. This penalty must be paid by the end of the month.

#### Withdrawal Information:

A written notice must be given two months in advance if your child will be withdrawing or two months tuition will be due.

Vacations are non-refundable.

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

\_\_\_\_\_  
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 Day Care) 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 the day care, only a general form meant to last for as long as your child attends St. Albert Montessori Day Care.

I \_\_\_\_\_, give permission for my child \_\_\_\_\_ to participate in activities pertaining to St. Albert Montessori Day Care 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 Day Care) 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 for as long as you child attends St. Albert Montessori Day Care.

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 Day Care  
6 Bernard Drive  
St. Albert, Alberta T8N 0B4

## Release Form

I \_\_\_\_\_ (please print your name in full), hereby consent and authorize St. Albert Montessori Day Care to use photographs taken of my child for internal newsletter, news releases, and St. Albert Montessori Day Care promotional materials, including online, printed documents, posters created for and controlled by St. Albert Montessori Day Care. My child's name will not be used. I will make no monetary or other claim against St. Albert Montessori Day Care for the use of my child's photos 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 Day Care is collected under the authority of the Alberta Personal Information and Privacy Act. The information will be used for contact purposes only.

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

## Parental Waiver, Release of Liability Consent Form

I, the undersigned, as the parent or legal guardian of \_\_\_\_\_  
do hereby give my full consent and approval for my child to participate in activities at  
the St Albert Montessori School/Day Care.

I understand that there are certain risks of damages and injuries inherent in the  
participation of my child in these activities and I hereby accept these risks on behalf  
of my child.

I hereby certify that my child is fully capable of participating in classroom and  
playground activities and that my child is healthy and has no physical or mental  
disabilities or infirmities that would restrict his/her full participation in such activities.  
I understand that it is my child's responsibility to abide by the rules and regulations  
imposed on the children by the teacher and/or the teacher's aide for the safe  
conduct of activities in the classroom and on the playground.

I hereby, for myself and on behalf of my child, agree to save and hold harmless and  
fully indemnify St Albert Montessori School/Day Care management and staff from any  
and all liability for any personal injury or injury to any third-party child resulting from  
my child's participation in the above-mentioned activities.

I hereby release St Albert Montessori School/Day Care and its entire staff from any  
and all liability for any injuries that my child may sustain as a result of any activities  
that take place at St Albert Montessori School/Day Care classroom and playground  
during designated daycare hours.

Signed this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

Of \_\_\_\_\_  
(Name of child)

\_\_\_\_\_  
(Director)