

Registration Date: _____



New Student Returning Student

Class for 2018 / 2019: 3-Day PM \$350.00 per month 5-Day AM \$450.00 per month **WAITLIST** _____

CORNERSTONE MONTESSORI PRESCHOOL
Celebrating Academic Excellence Since 1985
2018 / 2019 – PRESCHOOL STUDENT REGISTRATION FORM

Primary/Preschool and Office Location
(For registration/administration):
14724 – 84th Avenue, Surrey, BC V3S 2M5

Office Telephone: (604) 599-9918
Office Fax: (604) 597-0468
Office Email: corstone@telus.net

Intermediate Campus Location:
8383 - 140th Street, Surrey, BC V3W 5K9

Website: www.cornerstone-montessori.ca

Child's Name: _____ **Boy** **Girl**
Last First Middle

Birth Date: ____ / ____ / ____ **Place of Birth:** _____ **Language Spoken at home:** _____
Month Day Year

Home Address:

Street City Prov. Postal Code Home Phone

Mother:
Last Name First Name
Email Cell
Occupation/Work Place Work Phone

Father:
Last Name First Name
Email Cell
Occupation/Work Place Work Phone

Emergency Contact: – (alternative person to contact in case of emergency, if parents unavailable)
Name Relationship to Child
Home Phone Cell Phone/ Other Phone Number

Name of Other Children in Your Home:

Grade Age

Grade Age

Grade Age

Child Custody Information (if applicable)

Name of parent who has legal custody Custody/Access restrictions (if applicable)
Please attach a copy of any Court Order that pertains to the custody and/or access of your child.

EMERGENCY & HEALTH INFORMATION

Child's Personal Health #: _____

Family Doctor: _____ Doctor Phone #: _____

Please list any medical concerns that the school needs to be aware of, including allergies, medications, physiological and/or physical special needs, learning disabilities, etc.:

ALLERGY INFORMATION (please check appropriate box)

My Child has **NO** ALLGERGIES

My child HAS ALLERGIES but they ARE NOT life threatening.
He/She is allergic to: _____

My Child has **POTENTIALLY LIFE THREATENING ALLERGIES** to: _____

*If your child suffers from life threatening allergies, it is **essential that you complete the school's Allergy Information Form(s) and personally inform your child's teacher/s.** It is the parent's responsibility to provide guidance to the school with respect to the prevention of and treatment of allergic reactions. Please ensure that the school office and your child's teacher/s have received specific instructions **PRIOR** to your child attending classes in September.*

IMMUNIZATION RECORDS

Please provide a photocopy of your child's Immunization Booklet confirming your child's dates of immunization.

This is to confirm that my child's immunizations are up to date.

Parent Signature

PRIVACY ACT

I consent to having Cornerstone Montessori Preschool collect personal information that may include student information, birth certificate, legal guardianship, court orders, if applicable, parents' work numbers and email addresses, behavioural, academic and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of Cornerstone Montessori Preschool (1) for the purpose of establishing, maintaining and terminating the student's or parent's relationship with Cornerstone Montessori Preschool (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in Cornerstone Montessori's Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection use and disclosure of such personal information by and to agents, contractors and service providers of Cornerstone Montessori Preschool.

This information is required in order to register your child at this school and assist the school authority in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information you may contact the school's Privacy Officer.

I consent to the following (please check the applicable boxes below):

To have my child's name and the parents' phone number and email included on the "Class List" for his/her grade.

To have photographs and/or samples of my child's work used in a yearbook/scrapbook, **in-school** power point presentation or **in-school** newsletters or email newsletters or **private** Instagram account.

To have photographs of my child used on the school website or promotional material.

Signature of Parent or Guardian

Date

PERMISSION FORM

I hereby give permission for my child, _____ to participate in the
Student Name
following activities at Cornerstone Montessori Preschool, to be transported to and from these activities by the bus company that the school contracts with.

Students are always accompanied by their teacher(s) and/or a Cornerstone Montessori staff member, when leaving the school premises.

BUS TRANSPORTATION

Where students participate in events off the school premises they are transported by a professional bus company. Cornerstone Montessori currently uses *First Student Canada* and *Thirdwave Bus Services* to provide these services.

LIBRARY

Students visit the Fleetwood Library on a regular basis. Fleetwood Library is located at 15996 – 84th Avenue.

PHYSICAL EDUCATION and PLAY TIME

The Preschool students will participate in Physical Education classes. PE classes, as well as some free play time, will take place in the gymnasium at Bear Creek Church.

The Preschool students will also participate in the following activities, weather permitting:

- play time on the grass field on the west side of the Bear Creek Church property
- short nature walks to Bear Creek Community Park (students may be driven directly to the park by bus, or they may walk through the church parking lot which leads to one of the paths in the park)

Parent Signature

Date

PARENT AGREEMENT

I, the undersigned, agree to the following:

1. To enroll my child at Cornerstone Montessori Preschool for the current school year.
2. To provide the school with all fees and tuition payments prior to the dates they are due.
3. To **give one full calendar month written notice of withdrawal** of my child. If sufficient notice is not given, then one calendar month tuition will be forfeited (i.e. the June deposit will not be returned). **Any withdrawals after April 1st will also forfeit the June deposit regardless of appropriate notification.**
4. When arriving at school, to deliver my child **on time** and directly to a staff member. To pick up my child **on time** and not to take my child from school without informing a staff member.
5. To notify the school in advance if any person other than the parent/guardian is picking up my child.
6. To advise the school of any changes in the family relationship, including any changes to the custody and/or access of the child.
7. I understand that absences due to illness or holiday and school closures due to severe weather conditions and/or natural disasters are not exempt from payment.
8. To keep my child from school if there is any question of illness, and to notify the school about any serious illness.
9. That permission is granted to call a physician or ambulance in case of an accident.
10. The school reserves the right to release a child if the school decides it is best for the child and/or the school.
11. All children must be toilet trained and will not be permitted to attend class in a pull-up or diaper.
12. To ensure that your child has a positive school experience, **there will be a phase-in schedule**. A copy of the schedule will be provided to you.

Parent Signature

Date

ALTERNATE PERSON PICK UP FORM

STUDENT'S NAME: _____

GRADE: _____

Person(s) who is/are permitted to pick up your child if you are unable to do so:

(Full Name – Please Print)

(Phone/cell)

(Relationship to Child)

(Full Name – Please Print)

(Phone/cell)

(Relationship to Child)

(Full Name – Please Print)

(Phone/cell)

(Relationship to Child)

I consent to have the above named person(s) to pick up my child from Cornerstone Montessori School and Bear Creek Church.

(Signature of Student's Parent)

EMERGENCY CONSENT FORM

STUDENT NAME: _____ **GRADE:** _____

ADDRESS:

HOME PHONE: _____

MOM NAME: _____ CELL: _____ WORK: _____

FATHER NAME: _____ CELL: _____ WORK: _____

EMERGENCY CONTACT: _____ PHONE: _____

OUT OF TOWN CONTACT: _____ PHONE: _____

CHILD'S DOCTOR: _____ PHONE: _____

DATE OF MOST RECENT TETANUS SHOT: _____

ALLERGIES/MEDICATIONS: _____

PHN (CARE CARD NUMBER): _____

CONSENT:

Cornerstone Montessori will promptly notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact a parent and we need to get immediate help for the child. Cornerstone Montessori will take the child to the nearest emergency service.

I hereby give consent for my child _____ when ill to be taken to the nearest emergency center by a Cornerstone Montessori staff member when I cannot be contacted.

I hereby give consent for my child _____ to receive medical treatment.

DATE

(SIGNATURE OF PARENT)

Cornerstone Montessori Preschool

Preschool Payment Schedule 2018 / 2019

3-Day PM (Afternoon)

Mon/Tues/Thurs 12:30-3:00
(2.5 hours)

\$350.00 /month

5-Day AM (Morning)

Monday to Friday 9:00-11:30
(2.5 hours)

\$450.00 / month

Registration Fee - (non-refundable) \$150.00

The registration fee is required, in advance, to enroll your child(ren) at Cornerstone Montessori School.

Payments can be made by cash or cheque to Cornerstone Montessori School.

Monthly Tuition

3 Day (PM)

5 Day (AM)

July 1, 2018 (Deposit)	\$350.00	\$450.00
September 1, 2018	\$350.00	\$450.00
October 1, 2018	\$350.00	\$450.00
November 1, 2018	\$350.00	\$450.00
December 1, 2018	\$350.00	\$450.00
January 1, 2019	\$350.00	\$450.00
February 1, 2019	\$350.00	\$450.00
March 1, 2019	\$350.00	\$450.00
April 1, 2019	\$350.00	\$450.00
May 1, 2019	\$350.00	\$450.00

June 2019 payment is paid on July 1, 2018 (Deposit)