

Inspiration Montessori

1051 av. St-Charles, suite 110, Vaudreuil, QC, Canada J7V 8P5
450-319-1114

Registration Contract	
Date of registration:	
Starting date:	
Program of admission (Monday to Friday): Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Full day <input type="checkbox"/>	
*Please note that morning drop-off is at 8:50 a.m. and afternoon is at 12:50 p.m.	
Child's information	
Child's first name:	Surname:
Date of birth:	
Address:	
Telephone number:	
Prior experience in a Montessori school. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Language(s) spoken and understood by the child: English <input type="checkbox"/> French <input type="checkbox"/> Other:	
Mother's information	
Mother's first name:	Surname:
Home telephone number:	
Cell number:	
Address:	
Father's information	
Father's first name:	Surname:
Home telephone number:	
Cell number:	
Address:	

Medical information

Child's medicare number:

Medicare expiry date:

Name of child's doctor:

Telephone number of child's doctor:

Are your child's vaccinations up to date? Yes No

If no, please specify:

Child's allergies:

Does your child carry an epipen? Yes No

Measures to be taken in case of suspected allergic reaction:

Any other medical concerns?

Emergency information

Primary contact person in case of emergency:

Telephone number:

Relationship to child:

Secondary contact person in case of emergency:

Telephone number:

Relationship to child:

Any **other** contact person in case of emergency:

Telephone number:

Relationship to child:

In case of a medical emergency, I authorize the staff of Inspiration Montessori to provide emergency medical treatment for my child. In the event that I cannot be reached, I authorize any of the people mentioned above to act on my behalf.

Signature: _____

Please print full name: _____

Pick-up information

Name of person:

Telephone number:

Relationship to child:

Name of person:

Telephone number:

Relationship to child:

Name of person:

Telephone number:

Relationship to child:

I authorize any of the people mentioned above to come and pick up my child from school at any time.

Signature: _____

Please print full name: _____

Out of school activities

I consent to my child going on supervised walks in the neighborhood of the school and to playing in the local park.

Signature: _____

Please print full name: _____

Fees, Payment and Tax information

Payment by: Check VISA Master Card

Name on the card:

Card number:

Last 3 digits on the back:

Expiry date:

Signature:

I have read and agree to pay the fees outlined in the "Program Fees & Schedule" whether or not my child attends all the days for which he/she is registered.

Signature: _____

Please print full name: _____

Name of person who is to receive the tax receipt:

SIN of the person who is to receive the tax receipt: