



Muskoka Montessori School

Each child inspired to lead

Timo Bijl, Principal

228 Chub Lake Road, Huntsville, ON P1H 1S4

t: 705.788.3802

www.muskokamontessori.ca

New Admissions

Student Name: _____
(First, Middle, Last)

Date of Birth: (D)____(M)____(Y)_____ Gender: M____F_____

Student's Mailing Address: _____

Mother's/ Legal Guardian's Name: _____

Phone:(H)_____(W)_____(C)_____

Mother's e-mail address: _____

Father's/Legal Guardian's Name: _____

Father's address (if different from above): _____

Phone:(H)_____(W)_____(C)_____

Father's e-mail address: _____

Location and phone # where parent(s) can be reached when child is at school:

Emergency Contacts (in case parent cannot be reached):

_____ Phone # _____

_____ Phone # _____

Child's Last School Attended: _____
(Name, Phone #)

Grade Level for Next School Year (Elementary Students only): _____

For Office Use Only

Start Date:

--

People who are authorized to pick up your child from school:

Names	Phone Numbers

It is the parent's responsibility to inform The School of any changes to any of the information contained in this New Admissions form.

Please note that when busses are cancelled due to dangerous driving conditions for the Trillium Lakelands District School Board we may be closed. The decision will be communicated by 7am via email, Twitter, Facebook, on our phone message and over the radio on the Moose 105.5. Please arrange ahead of time for care for your child in the event of a closure. When busses are cancelled due to extreme cold we are still open as long as the temperature is not below -40 degrees Celsius.

Please initial here to show you have read the above paragraph: _____

Medical Information

Child's Name: _____

Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone #: _____

Does your child have any physical impairments, diseases, illnesses, or conditions - such as allergies - that the school should be aware of?

Please provide:

- 1) - For Elementary children - a photocopy of your child's immunization record.
- For Preschool children - the attached Immunization Form OR Statement of Conscience or Religious Belief Affidavit. Under the Day Nurseries Act, one of these forms **MUST** be received before your child can start school.
- 2) A photocopy of your child's OHIP card (optional - please read below).

Information concerning your child's OHIP number is confidential under the Personal Information Privacy Act. It is entirely up to you if you wish to provide the school with that number. If we need to take your child to the hospital, Huntsville Hospital staff have informed us that your child will receive medical attention whether or not we have his/her OHIP number. However, if we do not have the number, you will have to call the hospital with that information or pay the hospital bill directly.

Please read and sign to complete this medical information:

I understand I am responsible for informing the Muskoka Montessori School in writing should any of the Medical Information I have provided change before or during the school year.

I give permission to the staff and/or administration of the Muskoka Montessori School to seek medical treatment for my child in an emergency if I cannot be contacted. I give permission to the physician selected by the Muskoka Montessori School staff to hospitalize, secure proper treatment for, and order injections, transfusions, anesthesia or surgery for my child as they see fit in an emergency situation if I cannot be contacted.

(Signature of Parent or Guardian)

(Date)

General Consent for "Off Campus" Activities

Preschool Parents: I, the undersigned, give permission for my child(ren) to participate in impromptu nature walks in the neighbourhood.

Elementary Parents: I, the undersigned, understand that, from time to time, the staff of the Muskoka Montessori School will be taking my child(ren) away from the school to participate in field trips, special outings, and winter gym activities. I understand that the school will be using school bus companies to provide transport to and from most of these activities, but that on occasion, the school may use staff and parent volunteers to transport students. I also understand that the school will inform me prior to each and every outing where my child(ren) will be away from school premises.

I give permission for my child to participate in all "off campus" activities as outlined above. I release and discharge the Muskoka Montessori School from any claim, losses, or liabilities suffered or incurred as a result of my child's participation in these activities.

Signature of Parent or
Guardian

Date

Information Consent

I give my permission to have my child's name, address, home phone #, parents, and parents e-mail addresses to be listed in a school directory to be distributed to all school families.

Yes _____ No _____

Photo and Video Consent

Please check one statement:

_____ I give permission for my child's photograph and/or video to be used in promotional material for the school. This would include newspaper and magazine articles, brochures, booklets, and the school's website. I understand that my child will not be identified by name unless prior agreement has been obtained from me.

_____ Please do NOT use my child's photograph and/or video for any promotional material for the school

Signature of Parent or
Guardian

Date

Social and Fundraising Committee

I wish to learn more about the Social Committee _____ Fundraising Committee _____