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ANGUS GLEN MONTESSORI

ADMISSION APPLICATION PACKAGE

OUR MISSION:

At Angus Glen Montessori we provide the children in our care, a safe and nurturing learning environment. Children receive the best possible foundation on every level, so that they are inspired for a lifetime of learning.

DOCUMENTS NEEDED UPON ADMISSION:

During the admission process, all documents need to be filled out. A copy of the forms will be provided.

Any document is missing, admission to the school will be withheld.

Please make certain that you have completed the following forms:

APPLICATION FOR ADMISSION

- Health and Immunization
- Emergency and Pick-Up

CONSENT FORMS

- Signed Medical Waiver
- Authorization of Publicity
- Permission for Outings
- Snack Bag Policy
- Security

REQUIRED SUBMIT WITH ADMISSION FORMS

- Provide the original Immunization Record
- Postdated cheques for the Academic School Year (see Fee Schedule)
- Admission Fee



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Application for Admission

CHILD INFORMATION

Child's Full Name: _____
FIRST NAME LAST NAME

Start Date: _____ MM/DD/YYYY
Withdrawal Date: _____ MM/DD/YYYY

Program Enrollment (choose one)

- INFANT** 6 months -18 months* | **PRE-CASA** 18 months - 3 years | **CASA** 3 years - 6 years
- CASA SHORT DAY** 2.5 years - 6 years | **SCHOOL-AGE** 4 years - 12 years *see Appendix A
- Regular School Hours: 8:00 am - 4:00 pm
- Early Extended Care: 7:00 am - 8:00 am
- Late Extended Care: 4:00 pm - 5:00 pm | 4:00 pm - 6:00 pm | 6:00 pm - 6:30 pm

Part Time Hours:

- 5 Half Days: (8:30 am - 11:30 am)
- 3 Full Days: (8:30 am - 4:00 pm) M | T | W | TH | F
- 2 Full Days: (8:30 am - 4:00 pm) M | T | W | TH | F
- Short Days: (8:30 am - 2:30 pm) M | T | W | TH | F # of ____ days

Home Address: _____ Postal Code: _____

City: _____ Home Phone #: _____ Primary Email: _____
(for newsletters and sign-up forms)

PARENT INFORMATION

Parent's marital status Married | Divorced | Separated | Single

Mother/Guardian Full Name: _____ **Occupation:** _____

Employer's Name and Address: _____

Cell#: _____ Work#: _____ Email Address: _____

Father/Guardian Full Name: _____ **Occupation:** _____

Employer's Name and Address: _____

Cell#: _____ Work#: _____ Email Address: _____



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Health and Immunization

HEALTH INFORMATION FORM

Child's Full Name: _____
FIRST NAME LAST NAME

D.O.B.: _____ M F Birth Order: 1st | 2nd | 3rd | 4th Child in the Family.
MM/DD/YYYY

Doctor's Full Name: _____ Phone #: _____

Doctor's Address: _____

Are there any health or dietary requirements? YES NO If Yes, please specify: _____

MEDICAL HISTORY

Does your child have any allergies?: YES NO

Allergies to: *please be specific* _____ EpiPen required? YES NO

Any significant history of illnesses: _____

Drug reaction?: _____

IMMUNIZATION AND MEDICAL HISTORY

Please complete or check for accuracy and if it is current. Attach a copy of the Immunization record.

1. History of communicable diseases, please fill in the applicable categories.

Has your child ever have the following:

- | | |
|-----------------------|---------------------|
| 1. Chicken Pox: _____ | 2. Measles: _____ |
| 3. Mumps: _____ | 4. Pertussis: _____ |
| 5. Other: _____ | |

2. Medications: *please specify and details including precautions to be taken if the medication is to be given on campus.*

3. Any activity restrictions: _____

4. Does your child require eye glasses: YES NO

Parent/Guardian Signature: _____ Date: _____

MM/DD/YYYY



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Emergency and Pick-Up

EMERGENCY CONTACT INFORMATION

Please provide as much information possible in case of an emergency and alternate contacts are not available while your child is on school campus or on excursions away from school campus.

Emergency Contact 1:

Name: _____ Relationship: _____

Cell #: _____ Work #: _____

Emergency Contact 2:

Name: _____ Relationship: _____

Cell #: _____ Work #: _____

PICK-UP AND RELEASE INFORMATION

This information of people/person, other than parents has your authorization and permission to pick up your child from the classroom. As a safety precaution, photo Identification is required upon pick-up for your child to be released from the classroom.

Pick-Up Contact 1:

Name: _____ Relationship: _____

Cell #: _____ Work #: _____

Pick-Up Contact 2:

Name: _____ Relationship: _____

Cell #: _____ Work #: _____

PLEASE NOTE: If there is any change/s of information (ie. contact numbers or contact names) a written letter is required to be given to administration immediately.



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Consent Form

MEDICAL WAIVER

I, (name) _____ parent/guardian of (child's name) _____
give my permission that in case of an emergency, if I or my spouse is not immediately available, give the staff of Angus Glen Montessori and all persons connected with the school to act on my behalf in case of an emergency to arrange transportation, either by taxi, school vehicle or ambulance to seek medical attention by a nurse or doctor to administer the required emergency treatment. Medical treatment may be given to (child's name) _____ at any time required due to accident, illness or other emergencies. I also agree to release and indemnify Angus Glen Montessori, its staff and Board of Directors from any claims as a result of any accidents, illness and injury for any other reason from participation in any school activities.

AUTHORIZATION OF PUBLICITY

I, (name) _____ parent/guardian of (child's name) _____
give my permission to allow my child's photograph to be used for school purposes and events only arranged by Angus Glen Montessori. The photos will be used to promote the school in various media campaigns throughout the school year. Example: newspaper, radio, television, slide presentations, newsletters and other publications.

PERMISSION FOR SCHOOL OUTINGS

I, (name) _____ parent/guardian of (child's name) _____
give my permission to participate and travel to and from all out-of-school events during the school year. If my child does not want to attend for health or other reasons, my child will remain at home during the time session of the outing. Children are welcome to attend the afternoon session once all children in the class have returned.

SNACK BAG POLICY

I, (name) _____ parent/guardian of (child's name) _____
I will ensure that food and snack brought from home will be absolutely nut and peanut free as Angus Glen Montessori is a nut free facility.

Parent/Guardian Signature: _____ Date: _____

MM/DD/YYYY



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Security

KEY TAG POLICY

Angus Glen Montessori has key tag access to the front door of the building. Parents are to use the front door only. Upon enrollment, all parents/guardians are given two (2) key tags. The cost of the key tag is \$25 for both tags. These tags are property of Angus Glen Montessori and must be returned upon request. The cost of the tag is refundable should you withdraw from the school program. The cost will be paid to you in cash as long as the tag is returned in good working condition. Key tags are to be returned to administration three (3) days prior to your child's last day at Angus Glen Montessori. At any time should the tag be lost or stolen you must report it to the school's supervisor immediately so the tag can be voided from the system. The cost to replace a lost or stolen tag is \$25. If your tag is lost or stolen the original deposit will not be refunded. These Tags are not transferable once issued. You may not give your key tag to anyone else (i.e. grandparents or friends). When visitors or authorized alternate pick up people arrive at the school without a key tag, they must ring the front door bell to enter the school. A staff member will then open the door using an internal door release function. This is for visitors only. Parents are to obtain a key tag for daily use. The main focus of the staff is the children and not answering the front door continuously.

By signing below, you are agreeing to the terms of the above policy. The policy may be changed at any time.

1. Parent/Guardian Name: _____ Signature _____ Date: _____
MM/DD/YYYY

2. Parent/Guardian Name: _____ Signature _____ Date: _____
MM/DD/YYYY

Supervisor's Signature: _____ Date: _____
MM/DD/YYYY

OFFICE USE ONLY

Deposit amount received _____ Replacement needed: YES NO

Key Tag code issued (1) _____ Returned/Reissued (1) _____

(2) _____ (2) _____

Date Returned: _____