



**Application for Admission**  
CASA (Children's House) Program  
 Cornwall  Charlottetown  Stratford  
(3 & 4 year old program)

For office use only  
Application Rec'd / / .  
Deposit Rec'd / / .  
Application fee \$100. Rec'd

Note: Please answer application to the best of your ability.  
If you have any questions or concerns regarding this application, please contact an IMA representative.

**Please Print**

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ F  M   
Surname Full given names Day/Month /Year  
Prefer " "

Address \_\_\_\_\_  
Home Phone \_\_\_\_\_

Applicant Lives With: Both Parents  Mother Only  Father Only  Guardian

**Emergency Name and Telephone Number**  
(If unable to reach parents)  
Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Relationship \_\_\_\_\_

Father / Guardian  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Email \_\_\_\_\_  
Name of Firm \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Nature of Business \_\_\_\_\_

Mother / Guardian  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Email \_\_\_\_\_  
Name of Firm \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Nature of Business \_\_\_\_\_

I give permission for my home phone number and child's name to used on a class friends list   
I give permission for my child's image (picture taken by IMA) for TV video production (in-house only)   
I give permission for my child's image (pictures taken by IMA) to be used for advertising purposes and/or placed on our website

How did you hear about our IMA programs? \_\_\_\_\_  
\_\_\_\_\_

## Medical Information

Health Card Number: _____
Doctor: _____
Address: _____
Phone: _____

Toilet Trained	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any physical restrictions and particulars of child's health that should be noted.		
Allergies	_____	
Epipen Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Terms of Admission

1. Children are accepted into Children's House at 3 years of age. **Children must be toilet trained** (able to look after their toilet needs).
2. Due to the unique cycle of Montessori, consideration of admission to the Children's House will generally be given to children who have passed their third birthday, limited spaces for four year olds may be available check with the office.
3. IMA reserves the right to accept or reject this application and also to request the withdrawal of any child if, in the opinion of the Head Directress, this action is deemed prudent.
4. IMA reserves the right to make such rules and regulations in the operation of the Academy, as it deems appropriate, and it is a condition of attendance that these rules and regulations be observed.
5. Application fee is non-refundable and ensures your child's place for the school year. Deposit will be applied to last month of tuition after 6 months of enrollment in our program.
6. Please inform IMA of any changes to this Application for Admission or specifics pertaining to your child as soon as possible.
7. Uniforms are to be worn on a daily basis (at least on piece) as they provide our children with a sense of community.
8. Casa "Full Day" after school starts at 3:30 pm and parents will be billed \$5.00/hour in increments of 15 minutes for any time they use after core hours. This program is billed the following month as utilized. Please note that Half Day runs until 11:45 am and Reduced Hours runs until 2:30 pm. Children must be picked up by these times. There is not after school for these programs and late pickup will billed at \$1.00 per minute.
9. IMA depends upon prompt payment of fees for operating expenses. Should fees remain outstanding after the due date, IMA reserves the right to cancel enrollment and/or take action as deemed necessary to collect fees.
10. All parents are to read our "Parent Handbook" available at [www.peislandmontessori.com](http://www.peislandmontessori.com) to be familiar with our policies and procedures specific to our operation. Any questions can be addressed to Administration office.
11. IMA requires all parents to treat the staff, children and other parents with respect and dignity at all times.

I/We have read and understand the Terms of Admission.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Print Name of Father/Guardian

\_\_\_\_\_  
Print Name of Mother/Guardian

## Attendance Options:

- Half day (am) (8:30 to 11:45 am - firm pick up)      Commencing:
- Reduced day (8:30 to 2:30 -firm pick up)
- Full day (8:30 to 3:30 - with extended care option)

\_\_\_\_\_  
Day / Month / Year



# CHILD PROFILE SHEET

Please PRINT with as much detail as possible and include a recent photograph of your child **-TO BE RETURNED WITH APPLICATION**

Name of Child \_\_\_\_\_ Every day Name \_\_\_\_\_

Birth Date     /     /     F  M  Toilet Trained: Yes  No   
dd mm yr

Address \_\_\_\_\_

**Phone Numbers:** Mom \_\_\_\_\_ Dad \_\_\_\_\_ Emergency Name \_\_\_\_\_  
home \_\_\_\_\_ work \_\_\_\_\_ work \_\_\_\_\_ number \_\_\_\_\_  
cell \_\_\_\_\_ cell \_\_\_\_\_ cell \_\_\_\_\_

Allergies \_\_\_\_\_  
(be very specific)

How would you describe your child's demeanor? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe your child's personality and learning style? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home environment:**

Names and DOB of siblings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Care givers / Nannies: \_\_\_\_\_

School experiences: \_\_\_\_\_

Language(s) spoken/written at home: \_\_\_\_\_

Do you read to your child? \_\_\_\_\_

Typical family activities: \_\_\_\_\_

Religious affiliation: \_\_\_\_\_

(optional-for celebration purposes only)

Sleeping habits: \_\_\_\_\_

Special considerations (please give details): \_\_\_\_\_  
\_\_\_\_\_

Eating habits / dietary concerns: \_\_\_\_\_  
\_\_\_\_\_

People authorized to pick up your child: \_\_\_\_\_  
(use back if additional space is required)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Mother / Guardian Signature

\_\_\_\_\_  
Father / Guardian Signature