



## Application for Admission

Toddler Program

Cornwall EYC \_\_\_\_\_ Stratford EYC \_\_\_\_\_  
2 year old program

For office use only  
Application rec'd \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Note: What date do you require care? \_\_\_\_\_  
If space becomes available prior to this date you will be called.

### ***Please Print***

Student Name \_\_\_\_\_ Birth Date Month/Day/Year \_\_\_\_/\_\_\_\_/\_\_\_\_  
Surname Full given names

Address: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_

Applicant Lives With: Both Parents ☐ Parent 1 Only ☐ Parent 2 Only ☐ Shared Custody ☐ Guardian

#### ☐ Parent 1/ Guardian

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

#### Parent 2/ Guardian

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

#### Emergency Name and Phone Number (If unable to reach parents)

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

Photos of children will be taken for documentation within our centre.

How did you hear about our IMA programs?

\_\_\_\_\_  
\_\_\_\_\_

Do you require March Break care? Yes \_\_\_\_ No \_\_\_\_

## **Medical Information**

Health card number _____
Doctor _____
Address _____
Phone number _____

Toilet trained? Yes\_\_\_ No\_\_\_

Any physical conditions and particulars of the child's health that should be noted:

\_\_\_\_\_

Allergies: \_\_\_\_\_

Epipen required? (please circle) Yes\_\_\_ No\_\_\_

### **Terms of Admission**

1. Children are accepted into the Toddler Program beginning at age 22 months up to 3 years (depending on available space). Diapers, supplies and any special food requirements are to be provided by parents. Snacks (2) and lunches provided daily. Menus will be posted bi-weekly. If your child will not participate in the lunch program, please provide snacks and lunches as necessary. Please note campus allergies when sending your own food items.
2. IMA does not approve the use of Pull-up training pants. Toilet training efforts should be kept consistent at home to ensure success. We are willing to support families in this when they are committed to the process.
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 Director, 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. IMA Toddler Program operates 5 days per week. Please note that approximate drop off and pick up times are required to ensure proper staff scheduling. Drop off time is no earlier than 7:30 am and pick up time is no later than 5:30 pm.
6. Please inform IMA of any changes to this Application as soon as possible. New child forms required yearly in September. Forms required are EYC Yearly Family Information Form, Emergency Medical and Program and Policy Guidelines. Other forms as required can be found on our website.
7. IMA depends upon prompt payment of fees for operating expenses. Monthly fees are due the first of each month. 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.
8. 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.
9. IMA requires all parents to treat the staff, children and other parents with respect and dignity at all times.
10. One month written notice is required to withdraw from the program.

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

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

\_\_\_\_\_  
Signature of Parent 1/Guardian

\_\_\_\_\_  
Signature of Parent 2/Guardian

\_\_\_\_\_  
Print Name of Parent 1/Guardian

\_\_\_\_\_  
Print Name of Parent 2/Guardian

Full week - Commencing:  
\$10/Day                      day / month / year

Drop off: \_\_\_\_am    Pick up: \_\_\_\_pm

\*All new applications will be put into our wait list file. We will call you when/if we have space available. We will set up a tour and if you accept the space, we will follow through with the enrollment procedure.

## CHILD PROFILE SHEET

Please print in as much detail as possible, and include a recent photograph of your child - TO BE SUBMITTED WITH APPLICATION

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

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                    mm dd yr

Toilet Trained:    Yes    No

Address \_\_\_\_\_

**Phone Numbers:** Parent/Guardian 1: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Work: \_\_\_\_\_

Work: \_\_\_\_\_

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: \_\_\_\_\_

Caregivers / 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)

Parent 1 / Guardian Signature \_\_\_\_\_ Parent 2 / Guardian Signature \_\_\_\_\_