



# Enrollment Form

## **Family Information**

I am applying for admission of \_\_\_\_\_ as a student at Little Llama Montessori Academy. Name child responds to \_\_\_\_\_

First day of attendance (to be filled out by provider) Y \_\_\_\_ M \_\_\_\_ D \_\_\_\_

End Date Y \_\_\_\_ M \_\_\_\_ D \_\_\_\_

**My preferred days of the week are** \_\_\_\_\_

Preference will be given to children wanting full time school (Monday to Friday)

Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ Age \_\_\_\_ Gender \_\_\_\_

Parent/Guardian's full name \_\_\_\_\_

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

Place of employment address and contact information  
\_\_\_\_\_

Parent/Guardian's full name \_\_\_\_\_

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

Place of employment address and contact information  
\_\_\_\_\_

Siblings: (name/age) \_\_\_\_\_

## **Medical Information:**

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Personal Health Number \_\_\_\_\_

Hospital used by physician \_\_\_\_\_

Phone number \_\_\_\_\_

## **Hospital Release**

I hereby consent for a staff member to call a medical practitioner or ambulance for my child in the case of accident or illness, if I cannot be immediately reached. \_\_\_\_\_ **Initials**

## **Health History**

Does your child have any known health problems?  
\_\_\_\_\_

Has your child ever been hospitalized? if yes, please explain? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies? Yes No (please circle)

If Yes, Please explain \_\_\_\_\_

**Please attach special instructions to follow in the event of an allergic reaction**

List any communicable diseases the child has had \_\_\_\_\_

Is your child used to daily outdoor play? \_\_\_\_\_

Does your child need any help during the toilet routines? \_\_\_\_\_

As per the enrollment policy children must be potty trained. Minor assistance and minor potty training support can be given but children need to be out of diapers and pull ups.

Is there any other information about your child which you feel LLMA should know in order to understand your child better? Special needs, birth of sibling, recent changes in the home environment ect. \_\_\_\_\_  
\_\_\_\_\_

Does your child have any special needs or challenges (physical, emotional, behavioural) if yes please explain? \_\_\_\_\_

**Emergency Contact Person if unable to reach parents:**

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

Relationship \_\_\_\_\_

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

Relationship \_\_\_\_\_

Please inform emergency contacts of LLMA location 368 11th street, Courtenay B.C

**Persons Not Permitted to Access the Child**

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

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

**Drop off and Pick up policy**

A parent or guardian may authorize up to 3 individuals to pick up their child from school. Authorized individuals will be required to present valid identification to pick up any child from school if it is the first time they are picking up the child. LLMA will not allow a child to leave with an unauthorized person without previous written permission. This is for the safety and protection of your child. All parents and authorized persons must sign the child in and out on the provided attendance sheet on each day the child attends.

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

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

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

In the event of an emergency situation and you need to send someone else to pick up your child please call 778 881 5513 or send a message in HiMama in advance with the name and description of the person who will be coming. LLMA will require identification from the person.

- Does your child have previous experience away from home? Yes No (please circle)
- Do you think your child feels comfortable leaving parents? Yes No (please circle)
- Special instructions concerning Care, Medications, Diet or Custody Yes No (please circle)
- If yes, please attach documentation.

### **Discipline Policy**

At Little Llama Montessori Academy we understand that it is important to have a healthy attitude towards mistakes. If a child is acting out in a way that is inappropriate or could cause harm to others, LLMA teachers will apply discipline methods, which guide the child to inner self-control, using techniques in which the child's dignity is maintained. Through establishment of clear and consistent limits that the child will clearly understand and the positive reinforcement of these limits, the child will develop appropriate problem-solving skills in a kind and loving manner.

### **Fee Policy and Terms of Enrollment**

The school agrees that the tuition may be paid in one of the following manners.

1. One lump sum payment when your child starts school with a 5% discount.
2. A weekly/bi-weekly or monthly instalment plan set up in HiMama by credit card or automatic withdrawal from your bank account.
3. In order to withdraw a child from our program parents must provide a written and signed notice of withdrawal two full calendar months in advance. If this notice is not provided, two full calendar months tuition payments must be provided.
4. Deductions are not allowed from voluntary or involuntary absences (school holidays, sickness, family holidays ect.)

\_\_\_\_\_

**Name of Caregiver**

**Date**

**Please include your \$100 Enrollment Fee to complete your application.**

**Name on Interac e-Transfer** \_\_\_\_\_ **Date sent** \_\_\_\_\_

**LLMA Signature** \_\_\_\_\_ **Date** \_\_\_\_\_