HEADON FOREST MONTESSORI APPLICATION FOR ENROLLMENT

CHILD INFORMATION

FIRST NAME: _____ **SURNAME:** _____

DATE OF BIRTH (MM/DD/YYYY): _____ **PHONE NUMBER:** _____

ADDRESS: _____ **CITY:** _____

PROVINCE: _____ **POSTAL CODE:** _____

ALLERGIES: _____

Child's previous history of communicable diseases, conditions requiring medical attention, immunization or any statement from a parent or MD as to why child should not be immunized:

_____

Any symptoms of ill health:

_____

Instructions for any medical treatment, drug or medication to be administered during the hours child receives care:

_____

Any special requirements in respect of diet, rest or exercise:

_____

Blanket Authorization: I authorize HFM staff to apply sunscreen, moisturizing lotion, lip balm, insect repellent, hand sanitizer, and/or diaper cream to my child as needed, per product label directions (O. Reg. 137/15, s.40). ☐ Yes, I authorize all of the above ☐ No — I will provide written instructions each time

INCLUSION AND ADDITIONAL SUPPORT NEEDS

To help us prepare a welcoming, well-supported classroom for your child, please share any additional needs below. This allows our team to plan ahead in partnership with your family.

Does your child have any diagnosed or suspected developmental delay, disability, autism spectrum diagnosis, or other need for additional support (e.g., speech-language, occupational therapy, behavioural support)?

☐ Yes ☐ No ☐ Prefer to discuss in person

If yes, please describe your child's needs and any current supports, therapies, or Individual Support Plan in place (attach documentation if available):

_____

Optional and voluntary. Kept confidential and used only to support your child's inclusion and care, in line with HFM's Inclusion Policy and our partnership with Halton Inclusion Services. Answering does not affect your child's admission — HFM does not discriminate on the basis of disability and will work with your family to accommodate your child's needs.

_____

_____

_____

_____

_____

_____

FAMILY PHYSICIAN

Name of Physician: _____ **Telephone Number:** _____
Address: _____ **City:** _____
Postal Code: _____ **Province:** _____

CHILD'S PARENT/GUARDIAN INFORMATION	CHILD'S PARENT/GUARDIAN INFORMATION
Name: _____	**Name:** _____
Address: _____	**Address:** _____
City/Town: _____	**City/Town:** _____
Postal Code: _____	**Postal Code:** _____
Home Telephone: _____	**Home Telephone:** _____
Mobile: _____	**Mobile:** _____
Workplace: _____	**Workplace:** _____
Work Address: _____	**Work Address:** _____
Work Number: _____	**Work Number:** _____

☐ Both parents/guardians listed above share custody. ☐ Custody/access is subject to a court order (a copy is required on file).

EMERGENCY CONTACTS

PERSON(S) THAT CAN BE CONTACTED, AND TO WHOM THE CHILD CAN BE RELEASED

EMERGENCY CONTACT #1

First Name: _____ **Last Name:** _____
Phone Number: _____ **Cell Phone:** _____
Address: _____ **City:** _____ **Postal Code:** _____

EMERGENCY CONTACT #2

First Name: _____ **Last Name:** _____
Phone Number: _____ **Cell Phone:** _____
Address: _____ **City:** _____ **Postal Code:** _____

Authorization to photograph and/or take video of child

☐ Yes, permission is granted for Headon Forest Montessori to take my child's photograph and/or video in which my child appears, for use on our private Instagram and Facebook accounts (visible only to HFM families and followers we approve), and on Transparent Classroom, our Montessori app used to share daily updates and photos with your child's own classroom family.

☐ No, permission is not granted.

Print Name: _____ **Parent Signature:** _____

Print Name: _____ **Parent Signature:** _____

Date of Admission: _____

E-MAIL: _____ **E-MAIL:** _____

☐ Toddler Room (18 months - 2.5 years)

Casa: Three-Year Montessori Cycle

☐ Year 1: 3-4 years

☐ Year 2: 4-5 years

☐ Year 3: 5-6 years (Graduation Year)

FOR OFFICE USE:

Admission Date: _____ **Last Day at School:** _____

Security Deposit: _____ **Paid On:** _____

Payment of Fees: Conditions & Agreement

Headon Forest Montessori participates in the Canada-Wide Early Learning and Child Care (CWELCC) System. Parent fees below are calculated in accordance with CWELCC requirements for eligible licensed programs and align with the Fees and Payment Policies set out in the Parent Handbook. Base fees include all mandatory program components; no additional mandatory charges apply beyond those permitted under CWELCC guidelines.

- The CWELCC reduced daily parent fee currently in effect is $22.00 per day for children enrolled in CWELCC-eligible programs. Fees may be adjusted should provincial funding formulas or fee reduction amounts change; families will be notified in advance of any change.
- Base Fees (CWELCC Eligible) include: the Montessori program, supervision, Montessori materials, classroom supplies, meals and snacks, outdoor program, Montessori Work Cycle, French, music, art, gym, yoga, use of Transparent Classroom, and all mandatory program costs during regular operating hours.
- Non-Base Fees (optional/as applicable): late pick-up fee ($1.00 per minute after 5:30 p.m.), NSF/bank processing fees, and any optional third-party programs. Families will not be charged additional fees for enrichment experiences included in the regular Montessori program.
- Before/After Care during our licensed hours of operation (7:30 a.m.–5:30 p.m.) is included in the CWELCC base fee at no additional charge. This time is reserved for families who genuinely require it. To protect appropriate staff-to-child ratios and keep this care available to those who need it, we ask that children not be dropped off before or picked up after their regular program hours unless Before/After Care is required and requested.
- Childcare fees are due in advance and payable on or before the 1st of each month by e-transfer to headonforestmontessori@outlook.com. Fees received after the 1st are subject to a $5.00 per day late payment charge.
- At admission, families submit the first month's fee and the last two months' (May and June) Security Deposit. Security deposits are applied toward parent fees and do not constitute an additional fee under CWELCC. The deposit is applied to the child's final two months of tuition, provided 60 days' written notice of withdrawal is given per the Withdrawal Policy in the Parent Handbook.
- Tuition is payable in full for the September-June academic year regardless of holidays, breaks, or absences, per the chargeable closure days permitted under CWELCC guidelines. Parent fees continue during emergency or unplanned closures as described in the Parent Handbook.
- Withdrawal requires a minimum of sixty (60) days' written notice, effective from the first day of a calendar month. Where 60 days' notice is not provided, payment in lieu of notice is required.
- Tuition fees are non-refundable except where a refund is required by law or CWELCC requirements — e.g., where prepaid fees exceed the daily fee cap, or a Security Deposit is owed back under the policies above.
- The Summer Camp Program (July-August) is separate from the Montessori academic year and is billed weekly at the applicable CWELCC daily parent fee; see the Summer Camp Registration Policy in the Parent Handbook.
- If your child is taken to see a nurse, doctor, and/or to hospital, parents are responsible for any fees incurred. Please abide by the Health and Medication Policy in the Parent Handbook; in the event of illness, parents must provide alternate arrangements to help prevent the spread of illness to other children.
- Please read the Parent Handbook in full so you are aware of all CWELCC-aligned policies, including fees, withdrawal, health and safety, and closures.

I, _____ (PRINT NAME), have read the Payment of Fees: Conditions & Agreement above, and I agree to the conditions and agree to pay fees as outlined to Headon Forest Montessori.

Signature: _____ **Date:** _____

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Signature: _____ **Date:** _____