

# TADDLE CREEK MONTESSORI SCHOOL

## APPLICATION FOR ADMISSION

### CHILD

Last Name	First Name	Middle Name
Address	City/Province	Postal Code
Birth Date (m/d/y)	Sex	Language(s) Spoken
Please Indicate Program of Preference:		
Half Day Primary	Full Day Primary	Elementary

### PARENT

Last Name	First Name	Middle Name
Address	City/Province	Postal Code
Home Telephone	Cell Telephone	Email Address
Profession and Address	Work Telephone	Email Address

### PARENT

Last Name	First Name	Middle Name
Address	City/Province	Postal Code
Home Telephone	Cell Telephone	Email Address
Profession and Address	Work Telephone	Email Address

### SIBLINGS

First Name	Sex	Birth Date (m/d/y)
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WE, THE PARENTS/GUARDIANS, ACKNOWLEDGE THE FOLLOWING:

1. Payment in full or by post-dated cheques payable to Taddle Creek Montessori School is enclosed. Our child is enrolled upon acceptance by the School. Our child is guaranteed a place in the School until he/she completes the Program, subject to the School's right to request withdrawal of a student if withdrawal is to the benefit of the class as a whole.
2. THERE IS NO REFUND OR REDUCTION IN FEES IN CASE OF WITHDRAWAL, DISMISSAL, ABSENCE, CANCELLATION OR NON-ATTENDANCE.
3. The School is in a residential neighbourhood and accordingly we agree to the following parking and drop off procedure. Under no circumstances will there be any parking in or blocking of neighbourhood driveways or mid-street abandonment of our vehicle. Violation of this procedure may lead to withdrawal from the School, as well as having our vehicle ticketed and/or towed away. It is our responsibility to inform others who may drop off or pick up our child from the School of this procedure.
4. We agree to notify the School immediately of any changes to the information given in this Application for Admission. We understand that the responsibility of the School for our child begins when the child has been duly admitted to school each day and ends when the child has been dismissed to go home. To the best of our knowledge, our child is in good health. If we cannot be reached at a time of illness or accident, or if the emergency is such that time does not permit such contact, the School is hereby authorized to contact our physician, or a physician selected by the School, to treat, hospitalize and order injections, anaesthesia or surgery for our child. We understand that the School will notify us of field or program trips using School transportation, hired transportation or volunteer transportation by teachers or parents. We also realize that young children, even under close supervision, will have occasional accidents. Therefore, we hereby release, indemnify and hold harmless the School, its directors, agents and employees from any and all claims, damages or other liabilities for injuries to our child which are not a result of negligence of the School, its directors, agents and employees or are entirely beyond the control of the School, its directors, agents or employees.

SIGNATURES OF PARENTS \_\_\_\_\_

TADDLE CREEK MONTESSORI SCHOOL  
a division of Mildenhall Montessori Inc.

by: \_\_\_\_\_  
PRINCIPAL

ENROLLED ON \_\_\_\_\_