



**Summerland Montessori School
Prairie Valley Preschool
After School Program
Out of School Care Program
(Summer and Spring Care)**



10317 Prairie Valley Road Box 603
Summerland BC
Phone: 250-494-7266 Fax: 250-494-7286
smsoffice@shaw.ca



Student Registration Form

Start Date: _____

Withdraw Date: _____

Student Name: _____
 First Middle Last

Date of Birth: _____ Age: _____ Gender: _____ Height: _____ Weight: _____

Eye colour: _____ Hair colour: _____ Distinguishing features: _____

Place of Birth: _____ Grade Applied For: _____

*Please provide **copy of Birth Certificate** and/or Landed Immigrant paperwork, **2 current pictures**, as well as the completed **Residency paperwork for K-7 students** (Appendix A attached).*

Mother's Name: _____

Mailing Address: _____

Postal Code: _____ Email: _____

Home Telephone: _____ Cell Phone: _____

Employer Name: _____ Employer Telephone: _____

Canadian Citizen: _____ Landed Immigrant: _____ Visitor to Canada: _____

Father's Name: _____

Street and Mailing Address: _____

Home Telephone: _____ Email: _____

Employer's Name: _____ Employer Telephone: _____

Canadian Citizen: _____ Landed Immigrant: _____ Visitor to Canada: _____

Child Resides With: Both Parents: _____ Mother: _____ Father: _____ Guardian: _____

Is there a custody agreement in place? _____

If yes, the school must have a copy of the custody agreement on file to legally enforce it.

Other children in the family:

Name	Age
_____	_____
_____	_____
_____	_____

Languages spoken at home: _____

Is the child a status First Nations person? _____

Academic Record

Please list the last three (3) schools that your child has attended.

	Name of School	Location	Grade	Teacher
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Please attach your child's year-end report cards for the past 3 years to this document.

Health Record

Health Care Number: _____

Physician's Name: _____

Telephone: _____

Dentist's Name: _____

Telephone: _____

State any relevant medical information about your child that the school would need to be aware of. For example, any illness, medical disability, special dietary needs and or any other reason for taking medications. Please put **N/A** if not applicable.

Does your child have any allergies or sensitivities? If yes, please list allergy and treatment:

My child's immunizations are up-to-date. **I will provide the school with a copy.**

My child is not immunized. I am a conscientious objector.

Parent Signature

Date

Emergency Contact Information

Person(s) to contact in case of emergency:

Mother Name: _____ Daytime Telephone: _____

Father Name: _____ Daytime Telephone: _____

Contact Person: _____ Daytime Telephone: _____

Relationship: _____

Contact Person: _____ Daytime Telephone: _____

Relationship: _____

I hereby give the above named people permission to remove my child from the school.

Parent Signature

Date

Record of any person who is **NOT** permitted (if any) access to the child and/or who is **NOT** authorized to pick the child-up from the program.

Unauthorized Person:
to Child:

Relationship

Signature of Authorized Parent/Guardian

Date: _____

It is Summerland Montessori School, Prairie Valley Preschool and all Out of School Care Program's policy to notify a parent when a child is ill or in need of medical attention. Occasionally we are unable to contact parents and we need to get immediate help for the child.

Our procedure is to have the child taken to the nearest emergency service by ambulance. The ambulance fee is the responsibility of the parent.

If an ambulance is not available, staff of the Summerland Montessori School, Prairie Valley Preschool or Out of School Care Program's will transport the child.

I hereby give permission to the Summerland Montessori School, Prairie Valley Preschool or Out of School Care Program's to make necessary transportation arrangements for my child, _____, who has become ill or injured.

Parent Signature

Date

Information Consent

I consent to having photographs and work samples of my child and used by the Summerland Montessori School, Prairie Valley Preschool or Out of School Care Program's in the yearbook, newsletters, website and other promotional material.

Initials

The school will prepare a family phone list to be used in emergencies and school closures.

I DO NOT want to be included on a family phone list.

Initials

I, _____ acknowledge that when my child attends the Summerland Montessori School Out of School Programs snacks will not be provided but that there will be bottled water, dispensed from a water cooler, which will be available for the children to fill their own water bottles.

Initials

I hereby certify that this information is complete and accurate to the best of my knowledge.

Parent Signature

Date

The Summerland Montessori School, Prairie Valley Preschool and Out of School Care Program's acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision and instruction of your child at this school, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all digital and hard copy parent and student personal information.

Signature of Privacy Officer

Telephone

(For Office Use Only)

Date Registration Received: _____

Registration Fee: _____ Tuition: _____