



Montessori Education rooted in Nature!



2025-2026

For Office Use Only

Date of Admission:

Date of Discharge:

Location:

Type of Child Care Required:

- Full-time
- Foxes 2025-2026 (3 years - 6 years)
- Foxes Summer Program (July and August)
- Before Care
- After Care
- Lunch from home due to dietary reasons

PRE-REGISTRATION IS REQUIRED FOR BEFORE AND AFTER SCHOOL PROGRAM

CHILD INFORMATION

LAST NAME

Age (years, months):

FIRST NAME

Language(s) Spoken at Home:

DATE OF BIRTH

 Day / Month / Year

Other children in the family enrolled in the centre (list names, if applicable):

GENDER

 Male Female

Parent Information

Parent Information

Full Legal Name

Full Legal Name

Relationship to Child

Relationship to Child

Primary Phone Number

Primary Phone Number

Alternative Phone Number

Alternative Phone Number

Email address

Email address

Home address

Home address

Same as Child

Same as Child

Occupation

Occupation

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to legal right of access to your child? YES NO

If YES, please provide a copy of the appropriate legal documentation (e.g court order).

Name(s) of custodial parent(s) permitted to access/pick up your child

Name(s) of individuals prohibited from accessing/picking up your child

Pick-Up Authorization

The following additional individuals are authorized to pick up my child
(Photo ID will be required to confirm identify before the child will be released):

Full Legal Name	Relationship to Child	Primary Phone

Additional Emergency Information

Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g., known medical conditions, skin conditions, vision/hearing difficulties):

If your child has had any history of communicable diseases (e.g., chicken pox, measles), please list them

Health Card Number:

Doctor's Name

Doctor's Phone

Medical Needs

Does your child have any medical need(s) that requires additional support (e.g., Diabetes)? YES NO

If yes, an individualized plan for children with medical needs must be developed between the parent and the child care centre prior to the child's first day of care.

Statement of Conscious/Immunization Records

Please provide a copy of your child's immunization record (e.g., yellow card) to the centre prior to your child's first day of care. If you do not have an immunization record.

If you have chosen not to immunize your child, a Statement of **Medical Exemption form** or a **Statement of Conscious or Religious Belief** form must be completed and provided to the centre. These forms are available on the Ministry of Education's website. Allergy

Allergy Information

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts or bee stings)? YES NO

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the child care centre prior to the child's start date.

Other Allergies

Does your child have any allergies that are not life-threatening (food or other substance [e.g., latex])? YES NO

If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

Dietary and Feeding Arrangements

Dietary requestes such as vegetarian, meetless,etc YES NOT

If yes, please provide relevant details:

Dietary Requirements

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)? YES NOT

If yes, please provide relevant details:

Physical Requierements

Does your child require any additional support or accommodation with respect to physical activity? YES NOT

If yes, please provide relevant details:

Sleep information

How many naps does your child typically have each day? _____

Please note that there is No nap time in the Kinder Casa class!

Special Requirements

Does your child use diapers YES NO

If not, my child:

- Uses the washroom independently
- Requieres some assistance
- Requieres full support

** Kinder Casa students need to be FULLY POTTY TRAIDED*

If yes, please provide relevant details:

Accommodation

Does your child require any additional support or accommodation with respect to physical activity? YES NO

If yes, please provide relevant details:

Photograph an Video Consent

YES NO

I give permission to Terra Viva Montessori staff to take photographs of my child. It is understood that the pictures may be used in promoting school programs such as in years or website and on social media. It is also understood by both parents and TVM that children's names will not appear in the promotional material. Permission for Facebook, Instagram, and Social Media.

Parent/Guardian Date

Parent Handbook, General Policies and procedure Authorization and Agreement

By signing below, I indicate that I have received a copy, read and will abide by the written policies and procedures at Terra Viva Montessori. I understand that TVM may change these written polices from time to time. A revised Parent Handbook of the policies and procedures will be provided to parents /guardians at least 1 week before changes/additions become effective.

Parent/Guardian Date

Terra Viva Forest School Waiver

I grant permission for (Printed full name of participant:) _____
to participate in Terra Viva's Forest Program.

I understand that participation in activities can expose the named participant to risk and possible injuries, which include bumps, bruises, cuts, strains, sprains, concussions, broken bones, stings, bites, and other possible trauma.

I understand that there is a qualified certified **First Aider** on site and grant permission for them to treat the above named participant in the event of an injury.

I understand that by initialing and signing this document I hereby release **TERRA Forest School** from any and all liability associated with the program my child is attending.

I recognize that **TERRA VIVA Forest School** program reserves the right to postpone or cancel programs/sessions due to unsafe weather conditions or other unforeseen circumstances. Where possible **TERRA Forest School** program will attempt to reschedule, but this may not be possible. I will not hold **TERRA Forest School** program liable for loss of fees or programs due to weather or other unforeseen circumstances that will jeopardize the health and safety of staff and participants.

All tools and materials will be provided by **TERRA VIVA Forest School** program. Participants are discouraged from bringing additional items to sessions as they may be lost, stolen, or damaged.

I will not hold **TERRA Forest School** program responsible for any lost, stolen or damaged personal items. I have provided **TERRA Forest School** program with all significant medical information and will ensure that the participant's important medications are provided, location identified, and with the participant during all **TERRA Forest School** program sessions.

I understand that it is my responsibility to ensure that the named participant is dressed properly for weather conditions as this is a program largely based outside in natural settings. I understand that the participant may be refused admission to a session if they are not clothed properly for the conditions and I will not hold **Wild TERRA VIVA Forest School** program responsible.

While participating in the **TERRA VIVA Forest School** program, I understand that the named participant will be required to listen and follow the guidance of **TERRA Forest School Leaders**. This includes participation in outlined activities, expectations for age appropriate behaviour, and being able to respect the health, safety for themselves and any member of the group. If for any reason the named participant is unable or unwilling to follow expectations, engage in acceptable behaviour, or acts in an unsafe manner towards themselves or others, they may be removed from the session or the entire program.

I understand that **TERRA Forest School** reserves the right to deny access to a participant who has been disruptive in the past or sent home because of behaviour issues. In the event that: the participant's behaviour is felt to be unsafe or unmanageable if an illness or injury should arise in which a doctor's diagnosis is required unsafe weather conditions develop other unsafe conditions develop that require participant's removal from program I authorize **TERRA Forest School** to dismiss my child early, in which case I will assume responsibility for transporting my child from the program at a time specified.

I acknowledge that I have read and fully understand this agreement, and accept the risks involved with the above named participant's engagement in these activities at **TERRA Forest School**.

Parent Guardian Name _____

Signature _____

Relationship to the minor _____ Date _____

Head of School/Supervisor

Name _____

Head of School/Supervisor Signature _____

Date _____

