Montessori Education rooted in Nature!

ELEMENTARY OWLS
6 Years to 14 Years

YEAR

For Office Use Only
Date of Admission:
Date of Discharge:
Location:

Type of Child Care Required:

- ☐ Lower Elementary $669.09 (6-9 years)
- ☐ Upper Elementary $970. 00 (9-14 years)
- ☐ Before Care (7:30 - 9:00)
- ☐ After Care (2:45- 5:00)
- ☐ Lunch from home due to dietary reasons

PRE-REGISTRATION IS REQUIRED FOR BEFORE AND AFTER SCHOOL PROGRAM

CHILD INFORMATION

LAST NAME

FIRST NAME

DATE OF BIRTH DDMMYYY

GENDER ☐ Male ☐ Female

Age (years, months):

Language(s) Spoken at Home:

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

Parent Information

Full Legal Name

Relationship to Child

Primary Phone Number

Alternative Phone Number

Email address

Home address

☐ **Same as Child**

Occupation

Parent Information

Full Legal Name

Relationship to Child

Primary Phone Number

Alternative Phone Number

Email address

Home address

☐ **Same as Child**

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

Aditional Pick-Up Authorization/ Emergency Contacts

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):

Health Information

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.

Exemptions/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 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 Requirements

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)? YES ☐ NO ☐
If yes, please provide relevant details:

Physical Requierements

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, wich 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 Viva 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 ***TerraViva Forest School*** program will attempt to reschedule. I will not hold ***Terra Viva 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 Viva Forest School*** program responsible for any lost, stolen or damaged personal items. I have provided ***Terra Viva 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 Viva 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 Viva Forest School Leaders***. This includes participation in outlined activities, expectations for age appropriate behaviour, and being able to respect the health and 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 Terra Viva Forest school reserves the right to deny access or phone a parent/guardian under the following conditions:

1. The student has repeatedly been disruptive, causing self harm or harm to the staff and has been given verbal warnings. Parents will be made aware of behaviour and the student will need to be picked up immediately. The owner/Supervisor/parental guardian will further discuss an action plan for the student.
2. If a sudden illness or injury occurs at the forest and needs immediate attention. Terra Viva forest staff will notify the Owner/Supervisor/parental guardian and emergency personal if needed. ***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 Viva Forest School***.

Parent Guardian Name _____

Signature_____

Relationship to the minor_____ Date _____

Head of School/Supervisor Name_____

Head of School/Supervisor Signature_____ Date_____