



Registration Form 2012-2013

Family Name: _____

Home Address: _____ Postal Code: _____

Home Phone Number: _____

Email: _____

Father's First Name: _____

Father's Business Name and Address: _____

Father's Bus. Phone Number : _____ cell: _____

Mother's First Name: _____

Mother's Name of Business & Address: _____

Mother's Bus. Phone Number: _____ cell: _____

Student information:

First Name: _____ Last Name: _____

Hebrew Name: _____

English Birth Date: _____

Hebrew Birth Date: _____

Previous School / Daycare: _____

Emergency Information & Health History Form

First Name: _____ Last Name: _____

Birthdate (D/M/Y): _____ Gender: male ____ female ____

Health Card Number: _____

Physician's Name: _____

Office Street Address: _____

Office Phone Number: _____

Does your child have a history of biting, fears, or any special circumstances we should be aware of? If Yes, please explain: _____

Does your child have a condition or behaviour that would require extra attention, medication or a special diet? (Vision, speech, hearing, behavioural or emotional concerns) If yes, please explain: _____

Does this require medicine, monitoring, glasses, physical aides, etc? _____

Does your child suffer from any allergies (food, medication, etc.)? _____

Please specify symptoms of allergic reaction and any special care needed: _____

Priority sequence of calls in an Emergency situation:

1. First Name: _____ Last Name: _____
Relationship to the child: _____
Home Phone: _____ Bus. Phone: _____
Cell Phone: _____

2. First Name: _____ Last Name: _____
Relationship to the child: _____
Home Phone: _____ Bus. Phone: _____
Cell Phone: _____

3. First Name: _____ Last Name: _____
Relationship to the child: _____
Home Phone: _____ Bus. Phone: _____

I/We hereby grant permission for the teacher of *The Learning Tree* to take whatever steps are necessary to obtain emergency medical care if warranted . These steps may include but are not limited to, the following: (1) Attempt to contact parent/guardian; (2) Attempt to call the child's physician; (3) Attempt to contact an emergency contact person.

If we cannot contact any of the above people we will do any or all of the following:

(1) Contact another Physician; (2) Call an ambulance; (3) Have your child taken to the emergency department of the hospital in the company of a staff or designated person by The Learning Tree.

Any expenses incurred under the circumstances listed above will be borne by the child's family.

Signature of
Mother: _____ Date: _____

Signature of
Father: _____ Date: _____

Witness: _____ Date: _____

Authorized Child Release

Children will be allowed to leave the school only with their parents unless otherwise stated. Please fill out the form below and give the names as to who can pick up your child. This must be a person at least 16 years old. Parents or legal guardians are the only people who can request that someone else pick up your child. Written notice or a phone call must be made to Mrs. Halpern in advance. The Learning Tree reserves the right to request identification from those picking up the child. This must be picture identification. We will not allow a child to leave the school with a person we do not know unless all precautions have been taken.

Name of Person
To Pick Up:

Relationship
to Child:

Phone Num.:

1.

2.

3.

4.

Child's Name:_____

Parents Signature:_____

Field Trip Form

I allow my child to attend all Learning Tree field trips that are scheduled during regular school hours. Staff members properly supervise all school trips. Although we will exercise all reasonable caution, The Learning Tree does not accept any liability for accidents en route to or at the actual activity or outing.

I give permission to The Learning Tree staff to use their discretion should any emergency arise provided that they have attempted to reach the parent and emergency number.

Child's Name:

Signature of Parent:

Date:

Emergency Number:



(905) 889-9970

Tuition

School Term : September 2012 to June 2013

Hours: Monday to Friday: 8:30 a.m. to 12:30 p.m.

Fees:

5 day program \$4,750*

\$75 material fee/per year.

At the time of registration a non-refundable deposit of \$475 and material fee of \$75 is required. This initial cheque is for \$550. In addition to 9 installments of \$475 in post dated cheques dated from September 1 2012 to May 1, 2013 . Please make cheques payable to Rhonda Halpern.

* There is no reduction in monthly fees due to absenteeism or holidays.

Admission Procedure:

1. Please sign and date this application after completing all pages
2. We require the following to be included with your application:
 - a) A recent photograph of your child
 - b) Tuition payments
3. Once the above is completed and returned we will send you a school calendar and further information regarding the upcoming year.

Thank you for your interest in **The Learning Tree** - Jewish Montessori Pre-School