



REGISTRATION EXTENDED-DAY 2017 – 2018

North Creek

Office Use Only: Reg. Dep. TC EC/HI Ch's GE

Fee \$_____ Cheque No_____ received on _____ Accepted: Yes No

Administration's Signature: _____ Wait List: Yes No

TUITION FEES: First/Only Child: \$9000 | 1st Sibling: \$8550 (5% Discount) | Additional Siblings: \$8100 (10% Discount)
 This is a 1st sibling registration This is a 2nd sibling registration

Place
Child's
Photograph
Here

STUDENT INFORMATION

Surname _____ First Name _____ Middle Name _____

Usual Name, if different (Surname, First Name, Middle Name) _____

Student's First Language _____ Other Languages _____

Date of Birth d _____ m _____ y _____ Place of Birth _____

Current School _____ Telephone _____

PARENT OR LEGAL GUARDIAN INFORMATION *Non-Canadians must submit proof of Landed Immigrant status with application.*

Dr./Mr./Mrs./Ms. _____ Citizenship _____

Home Address _____ Province _____

Country _____ Postal Code _____ Telephone _____

Fax _____ Cellular _____ Email _____

Occupation and Employer _____

Business Address _____

Business Telephone _____ Fax _____ Cellular _____ E-mail _____

Please Indicate :A) I am a Canadian Citizen B) a Landed Immigrant or C) Other (Explain) _____

AND

Dr./Mr./Mrs./Ms. _____ Citizenship _____

Home Address _____ Province _____

Country _____ Postal Code _____ Telephone _____

Fax _____ Cellular _____ Email _____

Occupation and Employer _____

Business Address _____

Business Telephone _____ Fax _____ Cellular _____ E-mail _____

Please Indicate: A) I am a Canadian Citizen B) a Landed Immigrant or C) Other (Explain) _____

Please check all that apply:

Mother Deceased Father Deceased Single Parent Parents Separated Parents Divorced

Please indicate with whom student lives with:

Both Parents Mother Only Father Only Legal Guardian

Correspondence should be sent to:

Both Parents Mother Only Father Only Legal Guardian

Mailing Address (if different from home information):

HEALTH INFORMATION

In case of emergency, the parents/legal guardians listed on Page 1 will be contacted first. If the parents/legal guardians cannot be reached, please contact:

Name _____ Telephone _____

DOCTOR Name _____ Telephone _____

DENTIST Name _____ Telephone _____

Other Health Professionals involved with your child _____

Medical Insurance Number _____ Date Effective _____

Siblings (Attach a separate sheet with information, if necessary.)

1) Name _____ Male Female Age _____

School _____ Telephone _____

2) Name _____ Male Female Age _____

School _____ Telephone _____

Please indicate all pertinent information concerning your child's health and educational concerns, extra-curricular activities, hobbies, etc. (Attach a separate sheet with information, if necessary.)

New Student Registration Fee: \$100

Tuition: \$9000 per year | 1st **Sibling Tuition** \$8550 per year | 2nd **Sibling Tuition** \$8100 per year

ADMISSIONS AGREEMENT

All information included in this application is true and correct. Further, I have read the following and understand that:

- 1) This application does not automatically admit the candidate to the School. Availability of spaces, balance in gender and age is considered. Interview and academic assessments may be taken into consideration for children ages 5 and up.
- 2) All medical information and a photocopy of the applicant's birth certificate must be forwarded before a student is admitted.
- 3) Should this application be accepted, the student and parents or guardians agree to support the rules and values of the School.
- 4) All fees are payable in advance. Upon acceptance, I agree to pay the applicable registration and tuition fee and abide by the billing options outlined in the Enrollment Contract.
- 5) Enrollment is for the full academic year for kindergarten and elementary children. Financial commitment is for the full year regardless of whether a family chooses to withdraw prior to the end of the school year or not. All fees are non-refundable. Fees not paid on time are subject to a \$100 penalty per term, plus interest.
- 6) Acceptance for admissions in the current school year does not guarantee continuing enrollment in a subsequent year. The School's primary objective is to find the right match between student, family and school. As each year progresses, the School will continue to monitor each child's progress as well as his/her family's support for, adherence to, and promotion of the school's policies, practices, procedures and directives. The School reserves the right to refuse admission or remove the student from the school, should the School deem that it is not or is no longer an appropriate match with either the student or the student's family.
- 7) While embracing the philosophy that each child develops in a unique way, we also recognize our limitations in meeting complex or specialized learning needs. Our re-registration procedures will therefore take into account our ability to accommodate particular students' special needs without disruption to our program as one factor when evaluating applicants for re-admission. Students who have special needs that fall within our ability to address may be accepted on a provisional basis, with additional stipulations.

Person Responsible for Tuition (if different from Parent(s) or Legal Guardian):

Name _____ Address _____

Telephone _____ Fax _____ E-Mail _____

Were you referred to our school by one of our current or former families? If so, which family? _____

I have enclosed the following: (Please Check)

\$100 Registration fee (non-refundable) Proof of Landed Immigrant Status (if Non-Canadian)

Recent Photograph of Applicant Photocopy of Applicant's Birth Certificate

Full disclosure of all information is expected. Failure to do so could result in the withdrawal of an offer of admission.

Registration fee cheque should be written out to the school location for which you are seeking to register your child.

I have read and understand the terms of this application, the tuition, and I hereby agree to all the terms and conditions stated therein.

Signature of Parent/Guardian _____ Date _____

BACKGROUND INFORMATION QUESTIONS

Student's Full Name _____ AGE _____

Do you have any specific academic or social goals in mind for your child regarding school in the next few years?

Please list your child's favourite activities. (i.e. music, sports, etc.)?

What activities do you do together as a family?

What activities does your child enjoy in his/her free time?

Does your family choose not to celebrate any traditional holidays (Halloween, Christmas, Easter)?

Are there any special religious or traditional celebrations your family recognizes that the school should be aware?

What form of discipline do you use with your child?

Does your child have any special learning, behavioural or physical difficulties? Please explain.

Is there anything else you would like to tell us about your child?

In order for a child to reach his fullest potential and optimum development, he/she should begin the Montessori program at 3 years of age and remain for the full cycles of education (3-6 and/or 6-12). Is it your intention for your child to stay with our program until he/she finished the Kindergarten year (and perhaps beyond)? Yes No

What knowledge do you have about the Montessori philosophy and method? Have you read any books regarding her philosophy and method?
