

Country Casa

Daycare • Montessori • Academy

Registration Form

Child's surname First names Birth date (D/M/Y) Sex (M/F)

5 full 3 full start date: discharge date: _____
(Please circle)

Home address City postal code home number

Mother's name Contact phone number email

Business/Profession Business address

Father's name Contact phone number

Business/Profession Business address

Emergency & Release contacts (In the event that parents cannot be reached, emergency contact will be called) (people whom the child may be released)

Contact name relationship to child contact number

Contact name relationship to child contact number

Release, indemnity agreement and declaration

We, the undersigned, agree that in the event that we cannot be reached at the time of illness or accident, or the emergency is such that time does not permit such contact, Country Casa Montessori and Daycare is authorized to secure proper treatment for, order injections for, and/or provide any treatment prescribed by the physician caring for my child, _____, as well as arrange transportation to the Emergency Department of the nearest hospital with no liability on the part of the drivers and/or of Country Casa Montessori and Daycare, their agents and/or faculty. I hold Country Casa Montessori and Daycare, their agents and/or faculty harmless from any and all claims, damages and/or liabilities for injuries to my child that are not the result of negligence of this school, their agents and/or faculty, or any entirely beyond the control of this school, their agents and/or faculty.

Parents Signature Date Parents Signature Date

Policies and procedures

I, the undersigned, have read, understood and agree to the policies and procedures outlined by Country Casa Montessori & Daycare Ltd. in their Parent Handbook

Parent's signature Date

**Country Casa Montessori and Daycare Ltd.
Health form**

Child's surname First name Birth date (D/M/Y) Sex (M/F)

Child's health card number

Doctor's name Doctor's phone number

Doctor's address

Child's medical history

Please indicate if your child has had any of the following (if possible, please provide the given year)

Chicken pox _____ Ear infection _____ Measles _____
Hearing Difficulties _____ Scarlet fever _____ Speech difficulties _____
Mumps _____ Vision _____ Eczema _____

Other: _____

Asthma (explain) _____

Allergies _____

Has your child ever been treated or diagnosed as having any illness (other than colds and flu) not listed?

Please indicate any special instructions for your child, related to the above, while he or she is at school.

Is there anything that frightens your child? (i.e. animals, loud noises, insects, etc)

Notes or additional instructions:

****Please provide a copy of your child's immunization record to attach with this document**

Do you require subsidy? Yes No