



## ENROLLMENT FORM

Welcome to Simcoe Street Montessori School. Below are steps required to complete your child's application, (one form per child). Kindly ensure that the documentation requirements outlined in the checklist below are completed and submitted to the office.

**Please note application will only be accepted once complete. (PLEASE PRINT ALL INFORMATION CLEARLY)**

Child's Full Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Start Date: \_\_\_\_\_

### Child's History

Name and address of the school(s) most recently attended:

\_\_\_\_\_

Name and Age of Siblings: \_\_\_\_\_

\_\_\_\_\_

### Health Information:

Please indicate and provide the date if your child has ever had any of the following communicable diseases:

- |                                                           |                                                     |
|-----------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Chicken Pox date: _____          | <input type="checkbox"/> Measles date: _____        |
| <input type="checkbox"/> German Measles date: _____       | <input type="checkbox"/> Mumps date: _____          |
| <input type="checkbox"/> Rheumatic Fever date: _____      | <input type="checkbox"/> RSV date: _____            |
| <input type="checkbox"/> Bronchitis date: _____           | <input type="checkbox"/> Pneumonia date: _____      |
| <input type="checkbox"/> Scarlet Fever date: _____        | <input type="checkbox"/> Whooping Cough date: _____ |
| <input type="checkbox"/> Fifth's Disease date: _____      | <input type="checkbox"/> Tonsillitis date: _____    |
| <input type="checkbox"/> Middle Ear Infection date: _____ | <input type="checkbox"/> Frequent Colds: _____      |

Is your child under medical care or taking any medication(s)?  Yes  No

If yes, please check all of the following conditions that your child has and indicate if medication needs to be dispensed at school?

- Allergy needing Epi-pen  Yes  No (Please Specify what type of allergy) \_\_\_\_\_
- Other Allergies not requiring epipen: \_\_\_\_\_
- Asthma Inhaler  Yes  No
- Diabetes Insulin  Yes  No
- Other medical concerns: \_\_\_\_\_
- \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

### Consent

I understand that my child will be expected to attend all school outings and if he/she does not attend for health reasons, there will be no school on the day of the outing. If this application is accepted I hereby agree to adhere to all rules and regulations of Simcoe Street Montessori School and pay all school fees and educational expectations.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_