



TERRA VIVA MONTESSORI AND FOREST SCHOOL 2022-2023



325 Scott street
St Catharines On

85 Lakeshore Rd
St Catharines, On

CHILD INFORMATION

Child's Name: _____
FIRST MIDDLE SURNAME

Gender: Male Female Birth Date: _____ Age: _____ Religion: _____

Phone #: _____ Address: _____

City: _____ Postal Code: _____

TYPE OF PROGRAM

<p><u>MONTESSORI and Forest School</u></p> <p><u>(2- 6 years)</u> <i>(Spanish Immersion Terra Viva Montessori sites)</i></p> <p><input type="checkbox"/> SUMMER 2022 (July and August)</p> <p><input type="checkbox"/> FALL 2022 (Sep-June)</p> <p><u>Casa 2 Day program</u></p> <p><input type="checkbox"/> Toddler 18-2.4 months (\$580)</p> <p><input type="checkbox"/> 2.5 -6 years(\$505)</p> <p><u>Casa 3 Day Program</u></p> <p><input type="checkbox"/> Toddler 18-2.4 months (\$770)</p> <p><input type="checkbox"/> 2.5 -6 years (\$705)</p> <p><u>Casa Full Time Program</u></p> <p><input type="checkbox"/> Toddler 18-2.4 months(\$1140)</p> <p><input type="checkbox"/> pre-casa \$1020</p> <p><input type="checkbox"/> 4 -6 years (\$1000)</p> <p>Subsidies available for kinder and Elementary</p>	<p><u>FOREST SCHOOL (outdoor Program)</u></p> <p><u>(3.8-12years) Sites: Jordan Valley family campground/Burgoyne Woods</u></p> <p><u>SUMMER 2022 (includes daily swim and entrance to the campground)</u></p> <p><u>FULL TIME (\$1000)</u></p> <p><input type="checkbox"/> 2 days a week (kinder \$65 a day / Elementary \$55 a day)</p> <p><input type="checkbox"/> 3 days a week (kinder \$58 a day / Elementary \$48 a day)</p> <p><u>SUMMER WEEKS (outdoor program only)</u></p> <p><input type="checkbox"/> JULY 4-8</p> <p><input type="checkbox"/> JULY 11-15</p> <p><input type="checkbox"/> JULY 18-22</p> <p><input type="checkbox"/> JULY 25-29</p> <p><input type="checkbox"/> AUGUST 1-5</p> <p><input type="checkbox"/> AUGUST 8-12</p> <p><input type="checkbox"/> AUGUST 15-19</p> <p><input type="checkbox"/> AUGUST 22-26</p>	<p><u>MONTESSORI AND FOREST SCHOOL (6-12 YEARS) (Jordan Valley Campground/Terra Viva Port Dalhousie site.</u></p> <p><u>FALL 2022 ELEMENTARY 6-12 YEARS</u></p> <p><input type="checkbox"/> FULL TIME (\$930 per Month)</p> <p><input type="checkbox"/> 2 days a week (\$55 PER DAY)</p> <p><input type="checkbox"/> 3 days a week(\$50 PER DAY)</p> <p>Please include the following with the Registration form:</p> <p><input type="checkbox"/> \$180 non-refundable Annual registration fee for Fall Students</p> <p><input type="checkbox"/> \$200 Deposit with registration for Summer Students</p> <p><input type="checkbox"/> post dated cheques (dated on first of each month for all programs)</p> <p><input type="checkbox"/> Catering Program fee is additional</p> <p><input type="checkbox"/> Before After school \$10 per hour</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

FAMILY INFORMATION

<input type="checkbox"/> Mother <input type="checkbox"/> Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Guardian
Name:	Name:
Address:	Address:
City:	City:
Postal Code:	Postal Code:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Occupation:	Occupation:
Work Address:	Work Address:
Work City:	Work City:
Work Postal Code:	Work Postal Code:
Work Phone:	Work Phone:
Email:	Email:

PARENT INFORMATION

Are parent's separated/divorced? Yes No

If yes, who has legal custody? _____ Who does child live with? _____

Custody Arrangements:

Name of person responsible for school expenses: Mother Father Other:

Other Name: _____ Address: _____

City: _____ Postal Code: _____ Phone: _____

EMERGENCY CONTACT (other than parents)

Contact Name: _____ Relationship to child: _____

Work #: _____ Cell #: _____ Home #: _____

Contact Name: _____ Relationship of child: _____

Work #: _____ Cell #: _____ Home #: _____

CHILD INFORMATION

Siblings Names: _____ Position in Family (Oldest, Youngest, only) _____

Who lives with Child: _____

Names used for: Mother _____ Father _____

Grandmother _____ Grandfather _____ Favourite item(s) _____

Previous Child Care: _____

Previous/Current Activities / Programs: _____

CHILD ROUTINES

TODDLER-CASA STUDENTS

Eating: _____

Dieting Restrictions: _____

Sleeping: Will your child need a nap? _____ Favourite Item to nap with? _____

Toileting: Is you child Toilet Trained? _____ Additional valuable information: _____

HEALTH INFORMATION

Health Card Number: _____

Doctor's Name: _____ Phone #: _____

Doctor's Address: _____ City: _____ P. Code: _____

General State of Health: _____

Previous Communicable Diseases: _____

Conditions Requiring Medical Attention: _____

Known Allergies _____ Anaphylactic ? _____

Medications:

(Please note: Medication Authorization Form must be completed)

Any Exercise Restrictions

Other Relevant Information

My child is prone to (please check all that apply):

Ear Aches Sore Throats Headaches Stomach Upset Colds Other

Note: Photocopy of Child's Immunization Record must be provided to TVM. If your child is not immunized a statement of Conscouness notarized from a parent or a statement from a legally qualified medical practitioner as to the reason the child should not be immunized must be submitted to TVM

GENERAL INFORMATION

How did you find out about TERRA VIVA MONTESSORI?

Enrolled Current / Past Parent Name:

Brochure Website Adverstisement Recruiting Fair Open House

Other:

Reason's for choosing TVM? _____

PARENT INVOLVEMENT

Please check which Committiee you will be involved with:

Classroom Support Committee OR Social & Fundraising Committee

- Parents understand that The CASA Program is a three-year program. Parents are committing to continue their children's education up to SK at TVM.
- \$180 Non-refundable Application Fee is required with this Application/Email transfer fee to this account
- **Cheque made payable to: *TERRA VIVA MONTESSORI BILINGUAL***

Parent (Guardian) Signature: _____ Date: _____

Parent (Guardian) Signature: _____ Date: _____

EMERGENCY MEDICAL TREATMENT CONSENT

I acknowledge being aware that:

- It is the policy of TVM to notify me when my child is ill or needs medical attention.
- In the event that the school is unable to contact US or the situation requires immediate medical intervention, the school staff will seek medical attention for my child on my behalf.
- I authorize the staff of TVM to do one of or all of the following for my child if it is the opinion of the staff that such services are necessary:
 - Contact a physician
 - Contact a dentist
 - Take my child to the nearest emergency centre
 - Summon an ambulance or other emergency medical aid.

If such an emergency should arise, I shall be notified as soon as possible. In the event of a medical emergency when I am not available, I give permission to the emergency physician to administer any medical procedures deemed necessary. I agree to assume responsibility for payment of any costs incurred by the school on my behalf. (e.g. ambulance fees, medical fees).

Parent's/Guardian's Signature: _____

RELEASE AUTHORIZATION FORM

For the safety of all children, parents must indicate the names of all the persons who are authorized to pick up their children. Children will not be released to anyone unknown to TVM unless the parent of the child informs the staff prior to the release. Any person who has not had the preferred face to face meeting with TVM staff will need to be prepared to provide the following information before a child is released to them:

- the name the child calls the person;
- the make of the person's car;
- present personal photo ID (driver's license, etc.)
- the person's name must be on the Release Authorization Form

These safety measures are in place to protect the children. If the staff is in doubt about the person picking up the child, the child will not be released until the parent or guardian can be contacted.

*In addition, parents need to aware that children will not be released to anyone under the influence of alcohol or other substances.

	Name	Relationship to child	Phone Number
1			
2			
3			
4			

I grant permission for the people listed on this form to pick up my child.

Parent / Guardian: _____ Date: _____

PHOTOGRAPH CONSENT FORM

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 flyers or website. It is also understood by both the parents and TVM that children's names will not appear in the promotional material.

Parent/Guardian _____ Date: _____

PARENT HANDBOOK, GENERAL POLICIES & PROCEDURES AUTHORIZATION & 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 policies 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 _____

DAILY OUTINGS CONSENT FORM

I give permission to Terra Viva Montessori Staff to take my child on daily outings, walkabouts, daily walks to the park and around the neighbourhood of which I will required :



Daily notification, in person, by email, call or text prior of leaving school is required



No notification is required

Parent/Guardian _____ Date: _____

TERRA VIVA FOREST SCHOOL WAIVER

I grant permission for (printed full name of participant) _____ to participate in Terra Forest school summer Program.

I understand that participation in activities can expose the named participant to risk and possible injuries, which 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 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 TERRA Forest School program will attempt to reschedule, but this may not be possible. I will not hold TERRA 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 Forest School program responsible for any lost, stolen or damaged personal items. I have provided TERRA 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 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 Forest School Leaders. This includes participation in outlined activities, expectations for age appropriate behaviour, and able to respect the health, 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 that TERRA Forest School reserves the right to deny access to a participant who has been disruptive in the past or sent home because of behaviour issues. In the event that: the participant’s behaviour is felt to be unsafe or unmanageable if an illness or injury should arise in which a doctor's diagnosis is required unsafe weather conditions develop other unsafe conditions develop that require participant’s removal from program I authorize 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 Forest School.

Signature Print Name _____ -

Date _____

Forest school waiver _____