



MILESTONE MONTESSORI

Unit 20 & 21, 279 Kingston Road East
Ajax, Ontario
L1Z 0K5

(905) 426-4367
info@milestonemontessori.ca
www.milestonemontessori.ca

2) PARENT/GUARDIAN NAME: _____

Home Address: _____
Street City Postal Code

Home Tel: _____ Cell: _____

Email: _____

Employer: _____ Business Tel: _____

Work Address: _____
Street City Postal Code

IN THE CASE OF AN EMERGENCY, PERSON TO BE CONTACTED IF PARENTS CANNOT BE REACHED:

Name: _____ Relationship to Child: _____

Address: _____ Telephone: _____

Name: _____ Relationship to Child: _____

Address: _____ Telephone: _____

PICK UP AUTHORIZATION

Please list any person(s) authorized to pick your child up:

Please list any person(s) **NOT** authorized to pick your child up:

(If a parent is listed in the above section and are NOT authorized, appropriate legal paperwork is required)

** Should any of the above information change, the parent/guardian will inform the school in writing. In the event of an emergency, the parent/guardian will call the school to give their permission. **



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LUNCH PROGRAM

Milestone Montessori offers hot lunches and snacks catered by a third-party company which follows the guidelines of the Canada Food Guide, Child Care and Early Years Act, and provincial-approved standards. These meals are included within their tuition rate as well. Milestone Montessori also works closely with our catering company to monitor any children’s allergens, or diet restrictions to provide specific individual meals for them as well.

Please list any special diet restrictions (if any):

MEDICATION AND ALLERGY INFORMATION AND RESTRICTIONS

All medications administered at Milestone Montessori need a completed Medication Information and Consent Form. Please see the attached forms with this package for further information.

Please list any medical conditions, chronic or relevant developmental information and if any special accommodations are needed for your child. For allergies, parents/guardians are required to give written instruction on what the school needs to do in the case of allergic reaction, under “steps to take”

Know allergies and steps to take should a reaction occur:

Special diet (if any):

EMERGENCY MEDICATION AUTHORIZATION

In the event of an emergency, I hereby authorize Milestone Montessori staff to seek medical attention for my child. I also authorize Milestone Montessori staff to transport my child to a



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nearby emergency medical facility should this care be necessary. The hospital and its staff have my permission to provide any treatment the physician deems necessary for the health of my child.

Parent/Guardian Signature

Date

MEDICAL INFORMATION

Child's Doctor: _____ Telephone: _____

Doctor's Address: _____

IMMUNIZATION

Please submit a copy of your child's immunization records (yellow card) on day of enrollment.

DECLARATION AND AUTHORIZATION

I understand that minor injuries or accidents will be treated on the school premises and that I will be notified of any such treatment. I also understand that certain medical information may need to be shared with the school staff if deemed necessary by the administration and I hereby give my consent for the disclosure of information otherwise protected by HIPAA, including protected health information, with the school and its agents.

The information and health history in this form is correct to the best of my knowledge, and the person herein described has permission to engage in all activities, except as noted in this form.

Parent/Guardian Name (Print)

Parent/Guardian Signature



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MEDIA RELEASE CONSENT

I (we) give Milestone Montessori permission to photograph and/or video my child(ren) for program, advertising and promotional purposes in any medium and without any royalty.

If you do NOT wish for your child to participate please inform the school directly.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

FIELD TRIPS (TODDLERS, PRE-CASA AND CASA CLASSES ONLY)

If I do not wish for my child to participate in a particular field trip, I understand that it is necessary to keep my child home from school on the day of the trip.

Initials

COMPLIANCE POLICY

In compliance with provincial regulations, I will pick-up my child as soon as possible in the event that Milestone Montessori calls to inform me that my child is ill. I agree to inform Milestone Montessori immediately of communicable illnesses any of my family members contract even if they do not attend Milestone Montessori.

Initials

RELEASE

To fullest extent permitted by law, we, on behalf of ourselves and behalf of our child, hereby release and hold the Milestone Montessori and its agent and employees, harmless from all claims, damages or other liabilities for injuries to our child, his/her parents, or legal guardian, except to the extent caused by the gross negligence of the school or its employees or agents. We also hereby agree to indemnify and hold the school harmless for any damages incurred by



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the school or any third party as a result of actions taken by the student or his/her parents or legal guardians.

PARENT HANDBOOK AGREEMENT

(Parent handbook can be found on our website as well under Resources > Parent handbook.)

I (we) understand that by signing below we agree to abide to all of the rules and regulations contained within the handbook.

Parent/Guardian Name (Print)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print)

Date

Parent/Guardian Signature