



Mastermind Montessori After/Saturday School Program(s)
January 9 – March 31, 2011

Student Information- If your child is currently our student; you can just fill out the students name and sign this form.

Last Name:		First Name:		Male <input type="checkbox"/> Female <input type="checkbox"/>		Birth date(mm/dd/yy)	
Street Address:			City/ Province:		Postal code:		Home #:
Father/ Legal Guardian				Mother/ Legal Guardian			
Name: _____				Name: _____			
Home #: () _____				Home #: () _____			
Work #: () _____				Work #: () _____			
Cell #: () _____				Cell #: () _____			
Email: _____				Email: _____			
Home Address: if different from above				Home Address: if different from above			

Medical Information

Ontario Health Card #:	Name of Physician:	Physician's Phone Number:
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Emergency Contact

Last Name:	First Name:	Telephone Number:
Allergies: (please be specific)		EpiPen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify symptoms of allergic reaction and any special care needed:		

Consent

I/We, the undersigned parent(s) or guardian(s) of _____ acknowledge that the medical information provided to Mastermind Montessori Schools will only be used for the purpose of emergency medical treatment in the event of



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an accident or illness involving my/our child. I/We, the undersigned parent(s)/ Guardian(s), hereby acknowledge that I/We have read the entire contents of his health and medical form. Mastermind Montessori Schools will not be responsible for any incidents that may occur as a result of information that has not been updated since the time of this date.

Parent/Guardians signature	Date	Parent/Guardians signature	Date
<input type="checkbox"/> Current Student	<input type="checkbox"/> New Student		

Program(s)	Level	Day	Time	Program Fees
Program 1:				
Program 2:				
Program 3:				
Class materials required:				
				Total:

Comment: _____

Note:

- This program is open to children currently enrolled with Mastermind Montessori as well as children not yet enrolled.
- A 30% discount will be given to children currently enrolled in Mastermind Montessori's afterschool program.
- To ensure registration, the attached application form must be signed and full payment for the week(s) of enrollment must be given.

Payment received:	Cheque Number:	Date on the cheque:	Other method of payment:	Total:
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