

**Brookview Montessori Child Development Center**  
**370 Bulyea Rd.**  
**Edmonton AB T6R 2B3**  
**780-436-4504**

**Child's Information:**

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Child's Home Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Family Information:**

Marital Status: \_\_\_\_\_

Siblings and their ages: \_\_\_\_\_

Are there any custody arrangements that we should be made aware of?  
Please attach current order. Yes/ No

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**For office use only:**

Enrollment Date: \_\_\_\_\_ Drop Off/Pick Up Time: \_\_\_\_\_

**Emergency Information:**

Child's Alberta Health Care #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Illness your child has had: \_\_\_\_\_

Has your child had any serious accidents or operations? \_\_\_\_\_

List Allergies and treatment of: \_\_\_\_\_

Does your child require daily medication? \_\_\_\_\_ Type: \_\_\_\_\_

Do you have any concerns regarding your child's development? Y/N  
Explain \_\_\_\_\_

Is your child's immunization records up to date? YES\_\_\_ NO\_\_\_

Does your child have any medical conditions that we should be aware of? \_\_\_\_\_

Please list 3 emergency contacts other than parents.

- 1. \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_
- 2. \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_
- 3. \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Are there any authorized persons to whom your child may be released to other than mother and father:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Please describe your child's likes and dislikes, fears, interests, concerns, and needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Admissions Agreement

1. Fees are due on the first of each month. For your convenience post dated cheques are kept on file. The centre charges a \$20 late fee and 24% interest per year. There is a \$20 NSF fee for each cheque returned.
2. You are required to provide to the center in writing one month's notice of termination of childcare.
3. If you are taking holidays or your child will be away from the center for any reason, you are required to pay for the full month's fee.
4. It is your responsibility to drop off and pick up your child within your designated child care hours. We are closed on all statutory holidays, weekends, and other selected days. Please view the list of exact days each year. The center charges \$1 a minute if you are late picking up your child. We do understand the rare occasions when there is nothing you can do, such as car accidents and inclement weather conditions.
5. If your child meets with an accident or illness while at Brookview Montessori Child Development Center, and you are unable to be reached immediately you authorize the director or alternate director to secure medical care. I give permission for my child when deemed necessary, to be taken to an available physician, clinic, or hospital by ambulance and will pay all costs associated for this care.
6. I give permission for my child to join fieldtrips/excursions in public transportation or private transportation. I give permission to take walks to the neighborhood parks or any other facilities open to the public. I understand, agree, and accept that Brookview Montessori Child Development Centre in any event is not responsible or liable for my child on and during public or private transportation.
7. There is \$50 non-refundable registration fee and a \$150 non-refundable deposit payable upon admission. Your space is not guaranteed until we receive this form along with the registration fee and deposit. The \$150 deposit is applied to your first months childcare fees. All forms and paperwork are to be completed prior to commencement of care.
8. If you require subsidy please complete the required forms. It is your responsibility to maintain your subsidy. If you are rejected at any time or there is a decrease in your subsidy, you are required to pay the difference or total amount owing.
9. I agree to my child being photographed and displayed on the website and used for program areas.
10. I agree to participate in the busy bee program or pay \$20.00 per year to opt out.
11. We reserve the right to increase our rates at any time as we feel it is warranted Notice will be given.

The undersigned, in consideration of Brookview Montessori Child Development Center accepting our child, hereby agree to pay the required fees and are bound by the terms above and all policies outlined in the parent handbook. Brookview Montessori Child Development Center reserves the right to cancel this agreement at any time, as is the best interest of the child and the center.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Thank You!! We are dedicated in providing a loving and caring environment for you and your child!