

APPLICATION FORM

Toddler Program (18 Months – 3 Years)

Casa Program (3 Years - 6 Years)

Hours: 8:30am – 3:30pm

Pre-Care: 7:30am – 8:30am

After-Care: 3:30pm – 5:30pm



1551 LAPERRIERE AVE
OTTAWA, ONTARIO K1Z 7T2
TELEPHONE 613-729-3300
E-MAIL shona@firstjourney.ca

This application is for admission into the First Journey Montessori Toddler or Casa Program. The 2025-2026 academic school year begins September 2025 and continues through to June 2026 at five days per week. This excludes holidays and professional development days.

First Journey Montessori will offer two plans as part of its Extended Care program, pre-care and after-care. Pre-care and after-care will be offered from 7:30am – 8:30am and 3:30pm – 5:30pm at five days per week, respectively. Both plans are available at additional costs. A Meal Plan is included with the monthly tuition of the Toddler and Casa programs.

This application must be fully completed and submitted to First Journey Montessori with cheque(s) for the \$150.00 Registration Fee (*new children only*) and the January 2026 and June 2026 payments (including any added plans). These payments are due up-front as your enrolment fee, and all are **non-refundable and non-transferable, no exceptions**. All additional monthly payments (Sept-Dec, Feb-May), including any added plans, can be made with post-dated cheques or with a single lump-sum payment (see payment plan for details). Please make cheques payable to First Journey Montessori Inc.

CHILD'S FULL LEGAL NAME

PREFERRED LANGUAGE(S)

ADDRESS

SIBLINGS ENROLLED AT FJM

CITY PROVINCE POSTAL CODE

PRIMARY PHONE NUMBER

DATE OF BIRTH (DD/MM/YYYY) AGE (START OF SCHOOL)

| PARENT OR GUARDIAN | | PARENT/GUARDIAN | PARENT/GUARDIAN |
|--------------------|---------------------|-----------------|-----------------|
| | NAME / RELATIONSHIP | | |
| | HOME ADDRESS | | |
| | WORK ADDRESS | | |
| | CELL PHONE | | |
| | OFFICE PHONE | | |
| | E-MAIL | | |

| EMERGENCY CONTACT | | ADULT #1 | ADULT #2 |
|-------------------|-----------------|----------|----------|
| | NAME | | |
| | RELATIONSHIP | | |
| | PRIMARY PHONE | | |
| | SECONDARY PHONE | | |
| | E-MAIL | | |

*N/A if not applicable

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| | | |
|---------------------|---|--|
| MEDICAL INFO | HEALTH CARD # | |
| | ALLERGIES | |
| | MEDICATIONS | |
| | CHRONIC OR RECURRING ILLNESSES | |
| | DIETARY AND FEEDING ARRANGEMENTS | |
| PHYSICIAN | NAME | |
| | ADDRESS | |
| | PHONE / E-MAIL | |
| CUSTODY | ARRANGEMENTS (Y/N) | |
| | INDIVIDUAL(S) PROHIBITED FROM ACCESSING THE CHILD | |

*N/A if not applicable

ATTENDANCE OPTION

Place a check mark next to the options you want included.

Full-time (incl. meal plan) 8:30 – 3:30 ____
Extended AM (pre-care) 7:30 – 8:30 ____
Extended PM (after-care) 3:30 – 5:30 ____

Payment Plan: Option 1: Monthly ____ Option 2: Lump-Sum ____

| | | | |
|--------------------|--|----|------------------------------------|
| DECLARATION | I hereby certify that all registration and medical information regarding this child is, to the best of my knowledge and ability, true and accurate. I consent to the collection, use, and handling of my personal information by First Journey Montessori Inc. | | |
| | PARENT / GUARDIAN SIGNATURE | #1 | DATE |
| | PARENT / GUARDIAN SIGNATURE | #2 | DATE |
| | ADMISSIONS DATE (starting date) | | DEPARTURE (office use only) |

- First time applications must be accompanied with a non-refundable \$150.00 registration fee.
- Two months' notice is required if the child is withdrawn from the program within the school year.
- If you remove your child after a monthly payment has been cashed, this payment will not be refunded.
- This application will not be accepted without the required up-front and post-dated cheques, as well as any necessary paperwork.

DROP OFF / PICK UP AUTHORIZATION

This form is used to report additional individuals who you authorize to drop off and/or pick up your child.



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As the parent(s)/guardian(s) of a child enrolled at First Journey Montessori Inc., I authorize that the following individuals can drop off and/or pick up my child.

| Full Legal Name | Relationship to Child | Primary Phone | Email |
|-----------------|-----------------------|---------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Any individual who is not the child's parent(s)/guardian(s) must be included in this form, including grandparents, other relatives, and family friends. Please note that photo identification will be required to confirm the identify of the authorized individual(s) before the child will be released. Please also inform the school office if additional individuals need to be added and/or removed from this form.

Parent/Guardian (print)

Parent/Guardian (print)

Parent/Guardian (signature)

Parent/Guardian (signature)

Date

Date

IMMUNIZATIONS

This form is used to report a child's immunizations if a separate record can not be provided.



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Please provide a copy of your child's immunization record (e.g., yellow card) to the centre prior to your child's first day of care. If you do not have an immunization record, please complete the chart below.

If you have chosen not to immunize your child, a [Statement of Medical Exemption](#) form or a [Statement of Conscious or Religious Belief](#) form must be completed and provided to the centre. These forms are available on the Ministry of Education's website.

| Vaccine (Age Usually Given) ¹ | Date(s) of Immunization | | | |
|---|-------------------------|--|--|--|
| DTaP-IPV-Hib (2 mos, 4 mos, 6 mos, 18 mos) Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b | | | | |
| Pneu-C-13 (2 mos, 4 mos) Pneumococcal Conjugate 13 | | | | |
| Rot-1 (2 mos, 4 mos) Rotavirus | | | | |
| Men-C-C (12 mos) Meningococcal Conjugate C | | | | |
| MMR (12 mos) Measles, Mumps, Rubella | | | | |
| Var (15 mos) Varicella | | | | |
| MMRV (4-6 years) Measles, Mumps, Rubella, Varicella | | | | |
| Tdap-IPV (4-6 years) Tetanus, diphtheria, pertussis, Polio | | | | |
| Inf (every year in the fall) Influenza | | | | |
| Other (please specify) | | | | |

Parent/Guardian (print)

Parent/Guardian (print)

Parent/Guardian (signature)

Parent/Guardian (signature)

Date

Date

¹ Ontario's Publicly-Funded Immunization Schedule - <http://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx>