

# ZEBRA CROSSING MONTESSORI PRESCHOOL & KINDERGARTEN

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CALGARY, ALBERTA  
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## APPLICATION FOR ADMISSION

THANK YOU FOR YOUR INTEREST IN OUR SCHOOL. PLEASE FIND ENCLOSED ALL NECESSARY INFORMATION.  
FOR FURTHER ASSISTANCE, PLEASE CONTACT US EITHER VIA PHONE OR EMAIL.

### STUDENT INFORMATION:

FULL LEGAL NAME: \_\_\_\_\_  
DATE OF BIRTH (Day/Month/Year): \_\_\_\_\_ AGE: \_\_\_\_\_ (as of Sept.1, 20\_\_ ) GENDER (F/M)  
HOME ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_

### PARENT INFORMATION:

MOTHER'S FULL NAME: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
PLACE OF WORK: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
PLACE OF WORK: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

1. NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_
2. NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**AUTHORIZED PERSON(S) PERMITTED TO PICK UP YOUR CHILD FROM ZEBRA CROSSING MONTESSORI PRESCHOOL & KINDERGARTEN:**

1. NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_
2. NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**PARENT/FAMILY VOLUNTEERING:**

DAY AVAILABLE: \_\_\_\_\_ AM/PM (please circle one)

NOTICE REQUIRED: \_\_\_\_\_

POTENTIAL FUTURE SIBLINGS: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US: \_\_\_\_\_

**PROGRAMS AND FEES:**

5 DAYS – MORNING OR AFTERNOON SESSION (Mon-Fri)	\$575/MONTH
4 DAYS – MORNING OR AFTERNOON SESSION (Mon-Thurs/Tues-Fri/Mon-Tues, Thurs-Fri)	\$525/MONTH
3 DAYS – MORNING OR AFTERNOON SESSION (Mon/Wed/Fri)	\$475/MONTH
2 DAYS – MORNING OR AFTERNOON SESSION (Tues/Thurs)	\$425/MONTH

MORNING SESSION: 8:30am – 11:30am  
AFTERNOON SESSION: 12:30pm – 3:30pm

**FIELD TRIPS:**

PROPER PROCEDURE WILL ALWAYS BE FOLLOWED TO ENSURE THE SAFETY OF YOUR CHILD ON AND OFF THE SCHOOL PREMESIS. ZEBRA CROSSING MONTESSORI DOES NOT TAKE ANY RESPONSIBILITY/LIABILITY WHICH MAY INCUR DURING FIELD TRIPS EITHER AROUND OR OUTSIDE THE SCHOOL FACILITY. THERE WILL BE PROPER CONSENT FORMS FOR ALL PARENTS TO COMPLETE BEFORE HAND. PARENTS WILL BE REQUIRED TO PAY ANY ADDITIONAL COSTS THAT MAY APPLY TO THE FIELD TRIPS

**HEALTH INFORMATION:**

CHILDS ALBERTA HEALTH CARE NUMBER: \_\_\_\_\_

HEALTH CLINIC: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING CONCERNS: (YES/NO)

PHYSICAL: \_\_\_\_\_ SOCIAL/BEHAVIORAL: \_\_\_\_\_

VISION: \_\_\_\_\_ HEARING: \_\_\_\_\_

ARE ALL THE IMMUNIZATIONS UP TO DATE (YES/NO): \_\_\_\_\_ IF NOT, WHY? \_\_\_\_\_

DOES YOUR CHILD HAVE ANY DIET RESTRICTIONS? \_\_\_\_\_

IS THE CHILD TOILET TRAINED? \_\_\_\_\_ AS OF (DATE): \_\_\_\_\_

IS YOUR CHILD ON ANY MEDICATION? \_\_\_\_\_

DOES YOUR CHILD HAVE ANY ALLERGIES? (YES/NO) \_\_\_\_\_

IF YES, PLEASE SPECIFY: \_\_\_\_\_

IF YOUR CHILD REQUIRES AN EPI PEN, PLEASE PROVIDE A LETTER FROM YOUR CHILD'S DOCTOR STATING THIS REQUIREMENT.

PLEASE INITIAL THE FOLLOWING CONSENT.

I GIVE CONSENT TO ALL STAFF EMPLOYED BY ZEBRA CROSSING MONTESSORI PRESCHOOL & KINDERGATEN TO PROVIDE FIRST AID TO MY CHILD IN CASE OF AN EMERGENCY AND TO ADMINISTER AN EPI PEN OR ANY OTHER EMERGENCY MEDICATION DUE TO A SEVERE ALLERGIC REACTION.

PLEASE INITIAL HERE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE ADD THE MOST CURRENT PICTURE OF YOUR CHILD IN THE SPACE BELOW:



**ZEBRA CROSSING MONTESSORI PRESCHOOL & KINDERGARTEN**  
**CONTRACT**

CHILDS NAME: \_\_\_\_\_

PREFERED PROGRAM (# OF DAYS): \_\_\_\_\_

PREFERED SESSION (MORNING/AFTERNOON): \_\_\_\_\_

- STUDENTS MUST BE FULLY POTTY TRAINED OR ABLE TO USE THE TOILET INDEPENDANTLY.
- STUDENTS WHO ARE ILL MAY NOT ATTEND SCHOOL AND IF THE STUDENT DOES FALL ILL DURING CLASS, PARENTS MUST PICK UP THEIR CHILD AS SOON AS POSSIBLE.
- MEDICATION WILL NOT BE ADMINISTERED BY ANY STAFF MEMBER EMPLOYED BY ZEBRA CROSSING MONTESSORI PRESCHOOL & KINDERGARTEN.
- IF FOR ANY REASON YOUR CHILD NEEDS TO BE WITHDRAWN FROM ZEBRA CROSSING MONTESSORI SCHOOL, A 30 DAY WRITTEN NOTICE IS REQUIRED ON THE LAST DAY OF THE PRIOR MONTH.
- PARENTS ARE REQUIRED TO PAY FOR SCHOOL FEES ON THE FIRST OF EVERY MONTH TO ZEBRA CROSSING MONTESSORI PRESCHOOL & KINDERGARTEN, FOR EACH MONTH FROM AUGUST TO MAY, AS FEES ARE COLLECTED ONE MONTH IN ADVANCE. NO PORTION OF THE FEES PAID WILL BE REFUNDED OR CANCELLED IN ANY EVENT. WE ARE UNABLE TO ADJUST FEES. FEES WILL BE PAID USING THE PRE-AUTHORIZED PAYMENT SYSTEM.
- IF YOUR CHILD WILL BE ABSENT FROM CLASS, THEN WE REQUEST THAT THE PARENT ADVISES US IN ADVANCE.
- ZEBRA CROSSING MONTESSORI PRESCHOOL & KINDERGARTEN WILL NOT BE RESONSIBLE FOR ANY PAYMENTS OF AMBULANCE SERIVES NEEDED BY YOUR CHILD WHILE IN OUR CARE.
- THE BELOW SIGNATURE WILL ALSO CONFIRM THAT YOU HAVE READ THE POLICIES AND PROCEDURES OF ZEBRA CROSSING MONTESSORI PRESCHOOL & KINDERGARTEN.
- AN ANNUAL REGISTRATION FEE OF \$125 AND A RESOURCE FEE OF \$175.00 IS REQUIRED TO COMPLETE THIS APPLICATION. THIS IS NON-REFUNDABLE.

DIRECTOR OF ADMISSIONS WILL NOTIFY YOUR PLACEMENT UPON RECEIVING THIS APPLICATION.  
ALL INFORMATION ON THIS APPLICATION FORM SHALL BE CONSIDERED PRIVATE AND CONFIDENTIAL.

I, (PARENT NAME) \_\_\_\_\_, HAVE READ ALL THE INFORMATION ABOVE AND I UNDERSTAND AND AGREE WITH THIS FINANCIAL COMMITMENT.

PARENTS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SINCERELY,

**ALIYA KHAKHI**  
DIRECTOR OF ZEBRA CROSSING MONTESSORI PRESCHOOL & KINDERGARTEN  
(403) 457-0707