

2020-2021 Admissions Application Friday Nature Connect Program

Student Information:

Child's Full Legal Name:

First

Middle

Last

Date of Birth: _____ **Gender Identity:** Female Male
(yyyy/mm/dd) (Ministry of Education reporting requirement)

Primary Address: _____
Street City Prov. Postal Code

Phone: _____ **Health Card #:** _____

Current Grade: _____ Homeschooling Public School Other _____

Language(s) spoken at home: _____

Known Allergies:

All students with anaphylactic allergies are requested to complete an Individual Allergy Plan.

Known medical conditions or current medication:

Please advise if medication will need to be taken/administered at school.

Additional Information: Please share any information about your child that you feel would be beneficial.

Parent/Guardian Information and Emergency Contact:

Name of Parent/Guardian (A): _____

Address (if different from above): _____

Home telephone: _____ Cell: _____ Work: _____

E-mail*: _____

Occupation: _____

**Please note that this email will be added to the school's mailing list, which is used to provide families with updates and news throughout the year.*

Name of Parent/Guardian (B): _____

Address (if different from above): _____

Home telephone: _____ Cell: _____ Work: _____

E-mail*: _____

Occupation: _____

**Please note that this email will be added to the school's mailing list, which is used to provide families with updates and news throughout the year.*

Child lives with: Both Parents Mother only Father only Other (please specify) _____

Are there any custodial arrangements which the school should be made aware of? Yes or No

If yes please specify: _____

Who is Financially responsible: _____

School reports and parent notices should be sent to: _____

Alternate Emergency Contact: (In the event that we are unable to reach parent(s)/guardian(s))

Name: _____

Relationship to child: _____

Phone Number(s): _____

In the event that the child, named above, requires hospital care in my/our absence, I/we authorize the staff of Polaris School and Centre to act on my/our behalf to ensure necessary immediate emergency treatment for my/our child.

Parent/Guardian Signature *Relationship to child* *Date*

Parent/Guardian Signature *Relationship to child* *Date*

Pick Up Authorization:

Please list any additional individuals who are authorized to pick up your child:

Name: _____ Relationship to child: _____ Phone Number: _____

Nature Connect Program:

What do you hope your child will receive from this program? _____

The program will begin at 8:30 am and end at 2:30 pm. At this time, no Before and/or Aftercare is offered but if there is an increase in interest we could possibly provide this service. Please let us know if you would require care. Note that it would be provided at an additional expense to families and would be invoiced monthly.

Please let us know if you require care:

I am interested in aftercare I am interested in before care

How did you hear about the Nature Connect Program?

Current or former Polaris parent Friend, family or neighbour Polaris Website
 Flyer/Poster Facebook Instagram
 Internet Search Polaris Mailing List
 Other (please specify) _____

Fees and Payment: Winter/Spring Term 2021

\$1,045 Winter/Spring Semester – January 15th to June 11th, 8:30 am to 2:30 pm
(19 classes – Note no classes will be held on Feb. 12th, Mar. 19th or Apr. 2nd 2021)

Payment Plan:

- 1) Full Payment due before January 8th
- OR**
- 2) 3 installments as follows:
 - a. \$350 due January 8th, 2021
 - b. \$350 due March 1st, 2021
 - c. \$345 due May 1st, 2021

Payment Options:

- e-transfer to OttawaWaldorfPrograms@gmail.com
 cheque made out to Polaris School and Centre

All information in this form will be treated as confidential and will be accessible only to the Faculty and Staff at the Polaris School and Centre.

Polaris School and Centre

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www.polarisschool.ca