



PARKDALE MONTESSORI SCHOOL APPLICATION FORM - CASA PROGRAM

Office Use Only:
Application Fee (\$ _____)
Date: _____
Chq#: _____
Requested Start Date:

Child Information:

Full Legal Name:	Preferred Name:
Date of Birth (dd/mm/yyyy):	Gender:
Full Home Address(es):	
Language(s) Spoken at Home:	

Allergy Information

Does your child have a **life-threatening** allergy (e.g. nuts)? YES NO

If yes, indicate what your child is allergic to _____

Does your child have any allergies that are **not life-threatening** (e.g. food or other substance)? YES NO

If yes, indicate what your child is allergic to _____

Dietary Information

Does your child have any special dietary restrictions? YES NO

If yes, indicate which one(s) _____

Parent Information:

Full Legal Name:	Primary Phone Number:
Relationship to Child:	Email Address:

Full Legal Name:	Primary Phone Number:
Relationship to Child:	Email Address:

Attendance Option: (Please indicate)

- Full-time (8:30 am to 3:30 pm) Half-day (8:30 am to 11:30 am)
 Hot lunch (fees apply) Precare (7:30 am to 8:30 am) Aftercare (3:30 pm to 5:30 pm)

Payment Plan: (Please indicate)

- Option A: lump sum payment Option B: payments over 7 months

Signatures:

Parent Name

Parent Signature

Date (dd/mm/yyyy)

Parent Name

Parent Signature

Date (dd/mm/yyyy)

* Application form must be accompanied by a non-refundable and non-transferable \$150 fee.

* Children must be fully toilet-trained, have the ability to care for their own personal needs, and show age-appropriate independence and readiness to be accepted into our Casa program.