



# PARKDALE MONTESSORI SCHOOL APPLICATION FORM - ELEMENTARY PROGRAM

<b>Office Use Only:</b> Application Fee (\$ _____) Date: _____ Chq#: _____ Requested Start Date: _____
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**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 (8:20 am to 3:45 pm)       Precare (7:30 am to 8:20 am)       Aftercare (3:45 pm to 5:30 pm)
- Hot lunch (fees apply)

**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.
- \* Lower Elementary (i.e. grade 1, 2 and 3): Children must have completed the requirements of a Montessori Casa program OR come for a visit in our Elementary classroom prior to acceptance.
- \* Upper Elementary (equivalent of grade 4, 5 and 6): Children must have completed the requirements of a Montessori Lower Elementary program.
- \* Previous school records must be submitted prior to acceptance in Lower or Upper Elementary.