

PARKDALE MONTESSORI SCHOOL APPLICATION FORM - ELEMENTARY PROGRAM

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

Child's Name: Last	Middle	Firs	et		
Date of Birth:	(DD/MM/YY)	Gender: Male	Female		
CONTACT INFORMATION:					
	Mother /Guardian		Father/Guardian		
Name (First and Last)					
Complete Home Address					
Complete Workplace Address					
Home Phone					
Work Phone					
Mobile					
E-mail					
EMERGENCY CONTACT INE	FORMATION: (One Person #		required; other than parent. Person #2		
Name (First and Last)					
Relationship to Child					
Phone number to contact	\square Yes	\square No	\square Yes \square No		

We, the undersigned, understand that by adding a name on this list, Parkdale Montessori School will release our child to the named authorized pick-up person, without calling us first. The School administration team recommends that when you send someone other than a parent to pick up your child, you notify the School staff at least verbally, but preferably via email.

	Person #1	Person #2
Name (First and Last)		
Relationship to Child		
Phone number		

CHILD SPECIFICS:

Physician	Full name							
	Phone #							
	Full Address							
Allergies (please descri	be)							
☐ Allergy l verified l	nas been by a doctor		Allergy is life- threatening		Child has an epipen		Child has medication other than epipen	
Dietary restr (please list)	iction							
☐ Due to a intoleran			Due to suspected allergy not listed above		Due to suspected intolerance		Due to religious or other believes	
Medical con (please specif								
☐ Requires medication			Requires cream or ointment		Requires specific care			
Please note that a	a separate form m	ust t	e filled in for any medicati	on in	ncluding epipen.			
Health Card (optional)	Number							
ATTENDANCE OPTION: (Please indicate)								
	20 am to 3:45 pm		☐ Precare (7:30 am to	8:20) pm) Aftercar	e (3:4	5pm to 5:30 pm)	
PAYMENT PI	LAN: (Please in	dica	te)					
□ Option A: lu	ump sum payme	nt		Op	tion B: payments over 7	' mon	ths	
SIGNATURES	<u>S:</u>							
Signature of Mo	other/Guardian:				Date:			
Signature of Fa	ther/ Guardian:				Date:			

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

^{*} Children must have completed the requirements of a Montessori Casa program or come for several visits in the Elementary classroom prior to acceptance.

* Previous school records must be submitted prior to acceptance.