

PARKDALE MONTESSORI SCHOOL APPLICATION FORM - ELEMENTARY PROGRAM

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

CHILD'S INFORMATION:			
Child's Name:			
Last	Middle	First	
Date of Birth:	(DD/MM/YY)	Gender: Male	Female
CONTACT INFORMATION:			
	Mother/Gua	rdian	Father/Guardian
Name (First and Last)			
Complete Home Address			
Complete Workplace Address			
Home Phone			
Work Phone			
Mobile			
E-mail			
EMERGENCY CONTACT INI			
	Person #1	L	Person #2
Nama (First and Last)			
Name (First and Last) Relationship to Child			
Name (First and Last) Relationship to Child Phone number			

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 descr	ribe)						
	has been by a doctor		Allergy is life- threatening		Child has an epipen		Child has medication other than epipen
Dietary rest (please list)	riction						
☐ Due to intolera	a known nce		Due to suspected allergy not listed above		Due to suspected intolerance		Due to religious or other believes
Medical con (please spec							
☐ Require medicat			Requires cream or ointment		Requires specific care		
Please note that	a separate form m	iust b	be filled in for any med	lication ir	cluding epipen.		
Health Card	l Number						
ATTENDANO	CE OPTION: (I	Pleas	e indicate)				
□ Full-time (8	3:20 am to 3:45 pm	n)	□ Precare (7:30 a	ım to 8:20	am) Aftero	care (3:4	5 pm to 5:30 pm)
☐ Hot lunch (i	fees apply)						
PAYMENT P	PLAN: (Please in	dica	te)				
□ Option A:	lump sum payme	ent			tion B: payments over	r 7 mon	ths
SIGNATURE	<u> </u>						
Signature of M	Iother/Guardian:				Date:		
Signature of F	ather/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.