

APPLICATION FOR ENROLLMENT – School Year _____

Please complete this form and return with a cheque for **\$30 (application fee)** made payable to “Island Montessori House School”. This information will be used for processing applications for student placement and will be protected under the *Freedom of Information and Protection of Privacy Act*. If there are questions or more information needs to be conveyed, please contact the school.

Child's Name _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Legal Name (if different) _____	Birthdate _____	
Address _____	Birthplace _____	
City _____ Postal Code _____	<input type="checkbox"/> Birth Certificate	
Home Phone # _____	<input type="checkbox"/> Other Documentation _____	
	Language used at home _____	

Parent's Name _____	Lives with child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address _____ <small>(Complete if different from child's)</small>	Home Phone # _____ <small>(Complete if different from child's)</small>	
City _____ Postal Code _____	Cell Phone # _____	
Place of work _____	Work Phone # _____	
Email _____ or <input type="checkbox"/> I would prefer to receive paper correspondence only.		

Parent's Name _____	Lives with child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address _____ <small>(Complete if different from child's)</small>	Home Phone # _____ <small>(Complete if different from child's)</small>	
City _____ Postal Code _____	Cell Phone # _____	
Place of work _____	Work Phone # _____	
Email _____ or <input type="checkbox"/> I would prefer to receive paper correspondence only.		

Where did you hear about Island Montessori? Website Island Parent Used Victoria Kids in Victoria Relatives/Friends

MEDICAL INFORMATION

- My child has a Life Threatening Medical Condition. Please specify _____
- Assessments or Therapies (ie, Physiotherapy, Speech Therapy, Cognitive, etc) are on-going or have previously been completed (more information can be provided if the child attends).
- Other Diagnosis/Information _____

PROGRAM INFORMATION (PLEASE INDICATE PREFERENCE)
FEES* Payable in 10 monthly installments

- | | | |
|---|---------------------------------|--------------|
| <input type="checkbox"/> Half Day Preschool Program | 9:00am – 11:30am (no pm option) | \$5,610/year |
| <input type="checkbox"/> Full Day Preschool Program | 9:00am – 3:00pm | \$8,976/year |
| <input type="checkbox"/> Full Day Part time Mon-Wed. | 9:00am – 3:00pm | \$5,750/year |
| <input type="checkbox"/> Full Day Part time Thurs. & Fri | 9:00am – 3:00pm | \$3,500/year |
| <input type="checkbox"/> Extended Care Options: <input type="checkbox"/> 7:30am – 9:00am \$127.50/mth <input type="checkbox"/> 3:00pm – 5:30pm \$255/mth <input type="checkbox"/> Both \$382.50/mth | | |
| <input type="checkbox"/> Will be applying for Child Care Subsidy (CCS). Please note: parents are responsible for any difference between CCS and Island Montessori fees. | | |

I certify that the information I have provided on this form is correct.

Signature of Parent/Legal Guardian _____ Date _____

Office Use Only

 Payment by: Cheque Cash Cr Card Date Rec'd _____

Start Date _____