

**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 \_\_\_\_\_

2018 – 2019 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)	\$5,650/year
<input type="checkbox"/> Full Day Preschool Program	9:00am – 3:00pm	\$9,000/year
<input type="checkbox"/> Full Day Part time Mon-Wed.	9:00am – 3:00pm	\$5,800/year
<input type="checkbox"/> Full Day Part time Thurs. & Fri	9:00am – 3:00pm	\$3,550/year
<input type="checkbox"/> Extended Care Options: <input type="checkbox"/> 7:30am – 9:00am \$130.00/mth <input type="checkbox"/> 3:00pm – 5:30pm \$260/mth <input type="checkbox"/> Both \$390.00/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 \_\_\_\_\_

<b>*Office Use Only*</b> Payment by: <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Cr Card    Date Rec'd _____	<b>Start Date</b> _____
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