



Dearcroft Montessori School

Tel: 905-844-2114

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Email: info@dearcroft-montessori.com

Web: www.dearcroft-montessori.com

APPLICATION FORM

Student: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Home Tel. No. _____

Birth Date: (day) _____ (month) _____ (year) _____ Male _____ Female _____

PROGRAM:

<input type="checkbox"/> Toddler	<input type="checkbox"/> Casa	<input type="checkbox"/> Extended Care
<input type="checkbox"/> Half Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Before care
<input type="checkbox"/> Full Day	<input type="checkbox"/> Full Day	<input type="checkbox"/> After care
		<input type="checkbox"/> Both

PARENT/GUARDIAN #1

Name: _____

Home Address: _____

Home Tel: _____

Bus Address: _____

Bus Tel: _____

Cell: _____

Email: _____

PARENT/GUARDIAN #2

Name: _____

Home Address: _____

Home Tel: _____

Bus Address: _____

Bus Tel: _____

Cell: _____

Email: _____

Emergency Name, Address & Telephone (to call if parents cannot be reached, when child is ill and must be taken home): _____

Siblings (names and birth dates): _____

Transfers (Please provide the name of the School your child has attended, and the length of attendance): _____

Application for admission into the Montessori program implies your three-year commitment for the duration of each developmental level of the program and your agreement to the terms stated in the tuition schedule.

For Administration use only:

Date of Admission _____

Date of Discharge: _____

Medical Information:

Student Name: _____

Family Doctor: _____

Address: _____

Tel No: _____

Medical History (please list any health issues/concerns and communicable diseases):

Specialist Services/Therapy (please list any information pertaining to speech therapy, occupational therapy, assessments etc. for your child):

Please list the persons permitted access to your child at school, other than parents and/or guardians on application form. Persons you designate with permission to be released to their care from school:

Please list special dietary restrictions/requirements in respect of diet, rest or physical activity:

Please give written instructions for any medical treatment or drug or medication to be administered during school hours:

Parent /Guardian Signature

Date: _____

Parent/Guardian Signature

Date: _____