



**Leitrim
Montessori
Preschool**

Summer 2016 Enrollment Application

Parent(s)/Guardian Information

Father's Name: _____

Business Number: _____

Business Name/Address: _____

E-mail Address: _____ Cell Phone Number: _____

Home Phone Number and Address (*if different than child*): _____

Mother's Name: _____ Business Number: _____

Business Name/Address: _____

E-mail Address: _____ Cell Phone Number: _____

Home Phone Number and Address (*if different than child*): _____

Student Information:

Child's Name: _____ Birth Date: _____

Home Address (including postal code): _____

Home Telephone: _____ Health Card Number: _____

Family Physician: _____ Tel: _____

Address: _____

Please identify any pertinent medical information, previous communicable diseases, and/ or conditions requiring medical attention. Please supply copies of immunization records and/or any statement from a parent, of legally known illnesses, allergies, known disabilities, any other medical or physical conditions. Also requirements for any medicine to be administered during school hours or any special requirements with respect to diet, rest or exercise: _____

Person authorized to pick up your child/emergency contact: _____

Relationship to child: _____ Tel: _____

Person authorized to pick up your child/emergency contact: _____

Relationship to child: _____ Tel: _____

Signatures of Parents/Guardian Required. By signing the following, we agree to register our child in Leitrim Montessori Preschool for the 2016 Summer Program. We agree to pay the fees according to the days selected.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

Registration Fee: \$50.00 for Summer Program only

-Payment of registration reserves a space for your child

-Payable by cheque