Leitrim Montessori Preschool Date of Admission:…………….………….

[www.leitrimmontessori.com](http://www.leitrimmontessori.com) Discharge Date: ……………………….……
tel: 613.822.6848 LMP Auth. Sign……….…………………….
4861 Bank Street, Ottawa, ON. K1X 1G6

info@leitrimmontessori.com

**2020-2021 Enrollment Application \*Please fill in all spaces\***

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s name:** |  | Birth Date: |  |
| Home Address: |  | Postal code: |
| Home Phone: |  | Health Card: |  |
| Family Doctor: |  | Telephone: |  |
| Address: |  |
| **Parent 1 Name:** |  | Business Number: |  |
| Business Name: |  | Business Address: |  |
| Email Address |  | Cell Number: |  |
| Would you like to be on the Parent Directory? **Y N** (Only people on the directory will receive one) |
| Home Address if different from child: |
| **Parent 2 Name:** |  | Business Number: |  |
| Business Name: |  | Business Address: |  |
| Email Address |  | Cell Number: |  |
| Would you like to be on the Parent Directory? **Y N** (Only people on the directory will receive one) |
| Home Address/number if different from child: |
| **Please supply a copy of immunization records to LMP** and ensure that Public Health Records are up to date at **www.ParentinginOttawa.ca/Immunization or call 613.580.6744** |
| Allergies or Food Intolerance: |  |
| Pertinent medical information and/or medication to be given during school hours: |  |
| Person authorized to pick up your child/Emergency contact: |  |
| Relationship to child: |  | Telephone: |  |
| Person authorized to pick up your child/Emergency contact: |  |
| Relationship to child: |  | Telephone: |  |
| **Program:** √check one | 5 Full Days  | 4 Full Days | 3 Full Days |
| Please circle which days you would like your child to attend: | Mon / Tues / Wed / Thurs / Fri |
| 5 Half days : | AM (7:30- 12:30) | PM (12:15-5:15) |
| I give consent to **Leitrim Montessori Preschool** to send electronic messages to me using the email address above. I understand that I have the right to withdraw this consent at any time by informing the school that I no longer wish to receive electronic messages from LMP**. YES NO** |
| **Signatures of Parents/Guardian Required.** By signing the following, we agree to register our child in Leitrim Montessori Preschool for the 2020-2021 school year. We agree to pay the tuition fees according to the program selected and the terms outlined with the payment plans.  |
| Parent/Guardian Signature: |  | Date: |  |
| Parent/Guardian Signature: |  | Date: |  |