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](mailto: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: |  |