

Leitrim Montessori Preschool
 www.leitrimmontessori.com
 tel: 613.822.6848
 4861 Bank Street, Ottawa, ON. K1X 1G6
info@leitrimmontessori.com

Date of Admission:.....
 Discharge Date:
 LMP Auth. Sign.....



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 <input type="checkbox"/>	4 Full Days <input type="checkbox"/>	3 Full Days <input type="checkbox"/>
Please circle which days you would like your child to attend:		Mon / Tues / Wed / Thurs / Fri	
5 Half days :	AM (7:30- 12:30) <input type="checkbox"/>	PM (12:15-5:15) <input type="checkbox"/>	
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:	