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)

**Summer 2020 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: | |  |
| Home Address if different from child: | | | | | | |
| **Parent 2 Name:** |  | | | Business Number: | |  |
| Business Name: |  | | | Business Address: | |  |
| Email Address |  | | | Cell Number: | |  |
| 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: | |  | |
| **Registration Fee: $50.00 for Summer Program only**  -Payment of registration reserves a space for your child  -Payable by cheque | | | | | | |
| **Signatures of Parents/Guardian Required.** By signing the following, we agree to register our child in Leitrim Montessori Preschool for the 2020 Summer Program. We agree to pay the fees according to the days selected.  **YES NO** | | | | | | |
| Parent/Guardian Signature: | |  | | | Date: |  |
| Parent/Guardian Signature: | |  | | | Date: |  |