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

**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: |  |