

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

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



## Summer Program 2021 Enrollment Application

**\*Please fill in all spaces\***

<b>Child's name:</b>		Birth Date:	
Home Address:			Postal code:
Home Phone:		Health Card:	
Family Doctor:		Telephone:	
Address:			
<b>Parent 1 Name:</b>		Business Number:	
Business Name:		Business Address:	
Email Address		Cell Number:	
Home Address if different from child:			
<b>Parent 2 Name:</b>		Business Number:	
Business Name:		Business Address:	
Email Address		Cell Number:	
Home Address/number if different from child:			
<b>Please supply a copy of immunization records to LMP</b> and ensure that Public Health Records are up to date at <b>www.ParentinginOttawa.ca/Immunization</b> or call <b>613.580.6744</b>			
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:	
<b>Registration Fee: \$50.00 for Summer Program only</b>			
-Payment of registration reserves a space for your child			
-Payable by cheque			
<b>Signatures of Parents/Guardian Required.</b> 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.			
		<b>YES</b>	<b>NO</b>
Parent/Guardian Signature:		Date:	
Parent/Guardian Signature:		Date:	