

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.....



2023-2024 Enrollment Application

Please print clearly and fill in all spaces

Child's name:		Child's Birth Date:	
Home Address:		Postal code:	
Home Phone:		Health Card:	
Family Doctor:		Doctor Telephone:	
Doctor Address:			
Parent 1 Name:		Business Number:	
Email:		Cell Number:	
Would you like to be on the Parent Directory? Yes / No (Only people on the directory will receive one)			
Home Address if different from child:			
Parent 2 Name:		Business Number:	
Email:		Cell Number:	
Would you like to be on the Parent Directory? Yes / No (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/ Food Intolerances/ Dietary Restrictions:			
Medical information/medication to be given during school hours. Example: Epi-Pen or Puffer			
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 /
5 Half days :		Wed /	Thurs /
AM (7:30- 12:30) <input type="checkbox"/>		Fri	
		PM (12:15-5:15) <input type="checkbox"/>	
By signing below, 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.			
By signing below, I agree to turn AutoPay on and keep autopay turned on in the HiMama billing platform. This will ensure my payments to LMP are paid on time and in full. I understand that I am in full control of my payments and settings, and I will notify LMP if at any time I decide to make changes.			
By signing below, I give permission for the LMP staff to apply sunscreen as necessary.			
By signing below, we agree to register our child at Leitrim Montessori Preschool for the 2023-2024 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:	