

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.....



## 2024-2025 Enrollment Application

**\* Please print clearly and fill in all spaces \***

<b>Child's name:</b>		Child's Birth Date:	
Home Address:		Postal code:	
Home Phone:		Health Card:	
Family Doctor:		Doctor Telephone:	
Doctor Address:			
<b>Parent 1 Name:</b>		Business Number:	
Email:		Cell Number:	
Parent Directory? <input type="checkbox"/> check one <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> (Only people on the directory will receive one)			
Home Address if different from child:			
<b>Parent 2 Name:</b>		Business Number:	
Email:		Cell Number:	
Parent Directory? <input type="checkbox"/> check one <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> (Only people on the directory will receive one)			
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 <a href="http://www.ParentinginOttawa.ca/Immunization">www.ParentinginOttawa.ca/Immunization</a> or call <b>613.580.6744</b>			
<b>Allergies/ Food Intolerances/ Dietary Restrictions:</b>			
Medical information/medication to be given during school hours. Example: Epi-Pen or Puffer			
At least ONE person, <i>other than the parents</i> , must be listed as an emergency contact below:			
<b>Person authorized to pick up your child/Emergency Contact:</b>			
Relationship to Child:		Telephone:	
<b>Person authorized to pick up your child/Emergency Contact:</b>			
Relationship to Child:		Telephone:	
<b>Program:</b> <input type="checkbox"/> 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"/>
<b>By signing below</b> , I give consent to <b>Leitrim Montessori Preschool</b> 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.			
<b>By signing below</b> , I agree to turn <b>AutoPay on</b> and keep autopay turned on in the <u>Lillio billing platform</u> . 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.			
<b>By signing below</b> , I give permission for the LMP staff to apply sunscreen, lotion, lip balm, insect repellent or diaper cream as necessary (which will be labelled with child's name and provided by parents).			
<b>By signing below</b> , I agree to register my child at Leitrim Montessori Preschool for the 2024-2025 school year and pay the tuition fees belonging to the program selected and the terms outlined within the payment plans.			
Parent/Guardian Signature:		Date:	
Parent/Guardian Signature:		Date:	