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



Summer Program 2024 Enrollment Application *Please fill in all spaces*

Child's name:			Birth Date	:		
Home Address:					Postal code:	
Home Phone:			Health Car	d:		
Family Doctor:			Telephone	2:		
Address:						
Parent 1 Name:			Business N	lumber:		
Email Address			Cell Numb	er:		
Home Address if different from child:						
Parent 2 Name:			Business N	lumber:		
Email Address			Cell Numb	er:		
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 I	ntoleran	ice:				
Pertinent medical information and/or medication						
to be given during school hours (Epi-pen/puffer):						
Person authorized to pick up your child/Emergency contact:						
Relationship to chi	ild:		Telephone:			
Person authorized to pick up your child/Emergency contact:						
Relationship to chi	ild:		Telephone:			
Registration Fee: \$50.00 for Summer Program only						
-Payment of registration reserves a space for your child (Payable by cheque)						
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 give permission for the LMP staff to apply sunscreen (provided by parents) as necessary.						
Signatures of Parents/Guardian Required. By signing the following, we agree to register our child in Leitrim						
Montessori Preschool for the 2023 Summer Program. We agree to pay the fees according to the days selected						
on the separate registration form.						
Parent/Guardian				Date:		
Signature:						
Parent/Guardian				Date:		
Signature:						