

2026-2027 Enrollment Application

Please print clearly and fill in all spaces

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.....



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:	
Parent Directory? ✓check one Yes <input type="checkbox"/> No <input type="checkbox"/> (Only people on the directory will receive one)			
Home Address if different from child:			
Parent 2 Name:		Business Number:	
Email:		Cell Number:	
Parent Directory? ✓check one Yes <input type="checkbox"/> No <input type="checkbox"/> (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			
At least ONE person, <i>other than the parents</i> , must be listed as an emergency contact below:			
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 / Wed / Thurs / Fri	
5 Half Days:	AM (7:30- 12:30) <input type="checkbox"/>	PM (12:15-5:15) <input type="checkbox"/>	
Select a Lunch Option:	My child will eat the catered lunch provided by <i>Pur Traiteur Catering</i> <input type="checkbox"/>		
	My child is 44 months or older and I would prefer to provide a packed lunch <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 register with the Parent App billing platform to ensure that my payments are made on time and in full. Processing fees are passed to parents; \$0.60 for a bank transfer and 2.9% for credit card payments. I understand that I am in full control of my payments and settings, and I will notify LMP if I decide to make changes. PAYER NAME FOR APP: <input type="text"/>			
By signing below , 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).			
By signing below , I agree to register my child at Leitrim Montessori Preschool for the 2026-2027 school year and pay the base fees belonging to the program selected and the terms outlined within the payment plans.			
Parent/Guardian Signature:		Date:	
Parent/Guardian Signature:		Date:	