

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 2026 Enrollment Application

Please fill in all spaces

Child's name:		Birth Date:	
Home Address:		Postal code:	
Home Phone:		Health Card:	
Family Doctor:		Telephone:	
Address:			
Parent 1 Name:		Business Number:	
Email Address		Cell Number:	
Home Address if different from child:			
Parent 2 Name:		Business Number:	
Email Address		Cell Number:	
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 Intolerance:			
Pertinent medical information and/or medication to be given during school hours (Epi-pen/puffer):			
Please list one person (other than the parents) who can be contacted if the parents are unreachable.			
Person authorized to pick up your child/Emergency contact:			
Relationship to child:		Telephone:	
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Relationship to child:		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 2026 Summer Program. We agree to pay the fees according to the days selected on the separate registration form and understand that there are no re-imburements for absenteeism.			
Parent/Guardian Signature:		Date:	
Parent/Guardian Signature:		Date:	