

Montessori Classics

Preschool & Kindergarten

Registration application

Child's first name _____ Middle name _____ Last name _____
Address: _____

City: _____ Province: _____ Postal code _____
Date of birth: ____/____/____ Gender: Male () Female ()
Language spoken at home _____
Is your child party trained? ()Yes ()No

Father's name: _____
Address: _____

Mother's name: _____
Address: _____

Home phone #: _____
Cell phone #: _____
Work phone #: _____
Email: _____

Home phone #: _____
Cell phone #: _____
Work phone #: _____
Email: _____

Please mark your class preferences bellow. Please, note, the acceptance in the preferred classes and on the preferred days are on a first- come-first-serve basis and are only confirmed when the registration package, fees and first month tuition have been received and accepted by the Montessori Classics Preschool.

Class preference: () 8:55- 11:30 am () 12:25- 3:00 pm

Program preference:

5 day program (M-F)	\$425/Month
4 day program M () T () W () TH () F ()	\$370/Month
3 day program M () T () W () TH () F ()	\$300/Month

Please enclose with your application:

\$75 () non-refundable registration fee

\$50 () non-refundable re-registration fee

Emergency contact information

(Someone other then the parent)

1. Name: _____

Address: _____

Home phone #: _____ Cell phone #: _____

Relationship to the child: _____

2. Name: _____

Address: _____

Home phone #: _____ Cell phone #: _____

Relationship to the child: _____

Authorized person(s) permitted to pick up your child:

1. Name: _____ Relationship to the child: _____

2. Name: _____ Relationship to the child: _____

Under no circumstances we release you child to anyone not listed on this form without written authorization or confirmed phone call. Picture ID is required.