

Montessori Children's Community

4950 Heather Street, Vancouver, BC V5Z 3L9

Operated by the Montessori Training Centre Society of British Columbia
604-261-0864 Fax: 604-261-2805 E-Mail: Montessoritraining@telus.net
Website: www3.telus.net/montessori

APPLICATION FORM

Application Procedure:

1. Arrange an appointment to meet with the Montessori staff to discuss the programme.
2. Complete and Submit the Application Form, Enrollment Agreement and post-dated cheques.

Student Information

Child's Full Name: _____ _____ (First name) (Middle Name) (Family Name)
Date of Birth: _____ Male/Female: _____ _____ (Month/day/year)
Home Address: _____ _____
City: _____ Postal Code: _____ Home Telephone: _____ _____
Place of Birth: _____ Registration Number: _____ _____
Names and ages of brothers and/or sisters: _____ _____
Primary Language spoken at home: _____ Second Language: _____ _____
Others in the home: _____ _____

Parents Information

Mother's Name: _____ _____
Employer Name: _____ Occupation: _____ _____

Business Phone: _____ Cell Phone: _____

E-Mail: _____

Father's Name: _____

Employer Name: _____ Occupation: _____

Business Phone: _____ Cell Phone: _____

E-Mail Address: _____

Emergency Contact Persons if parent(s) cannot be reached:

Emergency Contact Person (1)	Emergency Contact Person (2)
Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____
Contact Home Phone: _____	Contact Home Phone: _____
Contact Work Phone: _____	Contact Work Phone: _____
Contact Cell Phone: _____	Contact Cell Phone: _____

Child's Medical Information

British Columbia Care Card Number: _____ Date Effective: _____

List any food and/or other allergies/religious dietary restrictions. Please describe any allergic reactions (i.e. rash, swelling, convulsions, etc.)

Please list any pertinent health needs or conditions of your child:

Lengthy illness: _____

Vision: _____ Hearing: _____
 Language: _____

Medication needed regularly including name of drug, reason and dosage details:

Date of last Tetanus shot: _____

Child's Doctor: _____ Telephone: _____

Child's Dentist: _____ Telephone: _____

Permission to Receive Emergency Medical Care

I, _____, the parent of _____, understand that in the event of an accident or illness occurring to my child, the School will make every attempt to contact me and/or my spouse. If, however, I or my spouse cannot be reached, I hereby give the Montessori Training Centre of British Columbia's Montessori Children's Community, its Directors, Officers, Agents and Employees authority to act on my behalf in case of an emergency and to take appropriate steps to have my child's physician or other physician or paramedic attend to my child.

Person(s) to Whom Child May be Released

I, the Parent/Guardian of _____ hereby give authorization for the following person(s) to pick up my child from The Montessori Children's Community in my absence:

1.
 Name: _____ Relationship: _____
 Telephone: Home: _____ Work: _____
 Cell: _____

2.
 Name: _____ Relationship: _____
 Telephone: Home: _____ Work: _____
 Cell: _____

3.

Name: _____ Relationship: _____

Telephone: Home: _____ Work: _____

Cell: _____

Additional Information

Has your child had previous group experience? _____

Where _____

Why have you chosen Montessori Education for your child?

How did you learn of the Montessori Children's Community?

The Montessori Training Centre Society of British Columbia reserves the right to accept or reject an application. To complete the enrollment of your child, you must sign the Enrollment Agreement and submit post-dated cheques for the year's fees as outlined in the Enrollment Agreement.

Parent's Signature: _____

Date of Application: _____