



APPLICATION FOR ADMISSIONS: SHEPPARD CAMPUS

Proposed Entry Date: m/ _____ d/ _____ y/ _____

Toddler Program: 2 Full Days 3 Full Days 5 Full Days
(18 months to 2.5 yrs) (Tue & Thu) (Mon, Wed & Fri)

Casa Program: Half Day (A.M.) (pick up at 11:45 a.m.)
(2.5 years to 6 yrs) Half Day (P.M.) (drop off at 1:00 p.m.) Optional Lunch
Full Day Nap

Extended Hours: Yes No
(5:00 – 6:00 p.m.)

Approximate Drop-Off Time _____ **Pick-Up Time** _____

CHILD'S INFORMATION

Child's Last Name			
Child's Given Names (underline name used)			
Date of Birth	Month	Day	Year
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Home Address			
	City	Postal Code	
Home Telephone Number			
Name of Last School Attended			
Languages Spoken at Home			

FAMILY INFORMATION

	Mother/Guardian	Father/Guardian
Title (Circle one)	Mrs. Ms. Dr. Other:	Mr. Dr. Other:
Last Name		
First Name		
Address (if different from child)		
Employer Name and Address		
Work Telephone Number		
Home Telephone Number		
Cell Telephone Number		
Email Address		
Marital Status	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Person with custodial rights: _____ <input type="checkbox"/> Custody papers available	
Applicant lives with	Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	
Correspondence to be sent to	Parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Other _____	
Siblings Name(s)	Age(s)	Gender
1.		
2.		

MEDICAL INFORMATION

Child's Health Card Number	
Name of Child's Physician	
Physician's Telephone Number	
Physician's Address	
Immunization is Attached	Yes <input type="checkbox"/> No <input type="checkbox"/> Reasons, if no _____
List Child's Allergies	
Does your child have any special dietary requirements?	
Does your child have any special physical, cognitive/ social or emotional needs?	

EMERGENCY AND CHILD PICK-UP INFORMATION

Name of contact person in the event of an emergency :		
Name	Telephone	Relationship
Other people allowed to pick-up child from the school:		
Name	Telephone	Relationship

In order for your child's application to be processed it is necessary to include the following items:

1. A copy of your child's birth certificate (record of Landing/Passport).
2. A copy of your child's latest report and any other educational assessment reports.
3. A non-refundable deposit equivalent to your monthly tuition. (This will pay the June 2009 tuition ONLY).
4. A non-refundable application fee of \$250.00 payable to Central Montessori Schools.

Note: Sixty days written notice is required in the event of an early withdrawal from the

School and at this time, the school will return any post-dated cheques on file.

Please complete this application form and mail or drop it off at the school with all necessary items in the enclosed envelope to:

Central Montessori Schools
200 Sheppard Avenue East,
Toronto, Ontario
M2N 3A9

Central Montessori Schools welcome children regardless of race, religion, colour or creed.

Name of Parent or Guardian: _____

(Please print)

Date (month/day/year)

Parent or Guardian Signature

THANK YOU FOR SELECTING CENTRAL MONTESSORI SCHOOLS

Office use only:

Application fee received: Yes [] No [] Cheque #: _____ Date: _____

Deposit received: Yes [] No [] Cheque #: _____ Date: _____

Post-Dated Cheques: Yes [] No [] Cheque #: _____ Date: _____

Date of Withdrawal

m/ _____ d/ _____ y/ _____

Signature of Administrator