



# CMS

## Central Montessori School

### APPLICATION FOR ADMISSIONS: WILLOWDALE CAMPUS

Starting Date: m/\_\_\_\_ d/\_\_\_\_ y/\_\_\_\_\_

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

**Casa Program:** (3 years to 6 yrs)      Half Day (A.M.)       Half Day (P.M.)       Lunch   
Full Day       Nap

**Elementary Program:**  
(6 yrs to 9 yrs)

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

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

	<b>Mother/Guardian</b>	<b>Father/Guardian</b>
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"/>	
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

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 <b>emergency</b> :		
Name	Telephone	Relationship
Other people allowed to <b>pick-up child</b> 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 registration 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 School  
72 Steeles Avenue West  
Thornhill, ON L4J 1A1

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 [  ]      Date: \_\_\_\_\_

Deposit received:              Yes [  ]      No [  ]      Date: \_\_\_\_\_

Post-Dated Cheques  
or Direct Debit received:      Yes [  ]      No [  ]      Date: \_\_\_\_\_

**Date of Withdrawal**

m/\_\_\_\_\_ d/\_\_\_\_\_ y/\_\_\_\_\_

\_\_\_\_\_  
**Signature of Administrator**