



CMS

CENTRAL MONTESSORI SCHOOLS

APPLICATION FOR ADMISSIONS: YORK MILLS CAMPUS

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

Elementary for Grade: _____ Middle School for Grade: _____

After School Program: Yes No
(4:30 – 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"/>	
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.

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
18 Coldwater Road,
North York, ON M3B 1Y7

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