

APPLICATION FORM

Childs Name: _____ Gender: <input type="radio"/> Male <input type="radio"/> Female <div style="display: flex; justify-content: space-around; width: 100%;"> Surname Full given names </div>	
Birth Date: _____ Authorized Pick-up Person _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (Day/Month/Year) (other than parent) </div>	
<input type="checkbox"/> Mother <input type="checkbox"/> Guardian Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Surname Given name </div> Home Address: _____	<input type="checkbox"/> Father <input type="checkbox"/> Guardian Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Surname Given name </div> Home Address: _____ (same <input type="checkbox"/>)
Postal Code: _____	Postal Code: _____
Home Phone: (____) _____	Home Phone: (____) _____
Cell Phone: (____) _____	Cell Phone: (____) _____
E-mail: _____	E-mail: _____
Bus. Phone:(____) _____	Bus. Phone:(____) _____
Employer: _____	Employer: _____
Position: _____	Position: _____
<h3>Emergency Contact (Other than Parents)</h3>	
Name _____ Relationship _____ Phone Number (____) _____	
2 nd Contact _____ Relationship _____ Phone Number(____) _____	
Family Doctor _____ Phone Number(____) _____	
Doctor's Address _____	
Child's OHIP# _____	
Allergies _____	
Other relevant information regarding your child's health _____	

APPLICATION FORM

BEYOND MONTESSORI
Email: info@beyondmontessori.com
Phone: 905-937-0700

<input type="checkbox"/> Toddler Program Ages 1.5 - 2.5 Yrs <input type="checkbox"/> 5 Full days <input type="checkbox"/> 3 Full days (M/W/F) <input type="checkbox"/> 2 Full days (T/Th)	
<input type="checkbox"/> Casa A (Pre-School) Ages 2.5 - 3.8 Yrs (children must be fully potty-trained) <input type="checkbox"/> Half days - AM only <input type="checkbox"/> 5 Half days <input type="checkbox"/> 3 Half days (M/W/F) <input type="checkbox"/> 2 Half days (T/Th) <input type="checkbox"/> Full days <input type="checkbox"/> 5 Full <input type="checkbox"/> 3 Full (M/W/F) <input type="checkbox"/> 2 Full (T/Th) (A combination of full / half days available)	
<input type="checkbox"/> Casa B (JK/SK) Ages 3.8 - 6 Yrs <input type="checkbox"/> Half days - (circle) AM or PM <input type="checkbox"/> 5 Half days <u>minimum</u> <input type="checkbox"/> Full days <input type="checkbox"/> 5 Full <input type="checkbox"/> 3 Full (M/W/F) <input type="checkbox"/> 2 Full (T/Th)	<input type="checkbox"/> Elementary <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Five Full days (only option)
Before & After School Care	
<input type="checkbox"/> Before School only (7:45 - 8:45 a.m.) _____ Intended # days per week <input type="checkbox"/> After School only (3:45 - 5:15 p.m.) <input type="checkbox"/> Not required except in unusual circumstances <input type="checkbox"/> Before <u>AND</u> After School	

Check boxes for **intended future enrollment** at Beyond Montessori PreSchool JK SK Elementary
*Parents understand that the Casa Program (Ages 2.5 - 5 yrs. PreSchool / JK / SK) is a **three-year program**.*

How did you hear about Beyond Montessori ? _____



I/We agree to admit my/our child to Beyond Montessori School.
I/We agree to keep the school advised of any changes to the above information.
 \$75 Non-Refundable Application Fee Included with Application

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

For Office Use Only:
 Date Received: _____ Date letter of acceptance sent: _____
 Date of Admission: _____ School Year: _____ Date of Discharge: _____
 Application Fee Enclosed: Yes No Materials Fee Enclosed: Yes No