

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 Half days - (circle) AM or PM <input type="checkbox"/> 5 Full days	
<input type="checkbox"/> Casa A (Pre-School) Ages 2.5 - 3.8 Yrs <u>(A combination of full / half days available)</u> <input type="checkbox"/> Half days - (circle) AM or PM <input type="checkbox"/> 5 Half days <input type="checkbox"/> 3 Half days (M/T/W) <input type="checkbox"/> 2 Half days (Th/F) <input type="checkbox"/> Full days (circle #) 5 4 3 2 1 See "Program Options" for Days at www.beyondmontessori.com	
<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 (circle #) 5 4 3 2 See "Program Options"	<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 _____ Intended # days per week <input type="checkbox"/> After School only <input type="checkbox"/> Not required except in unusual circumstances <input type="checkbox"/> Before & After School	

Check appropriate boxes for intended future enrollment at Beyond Montessori JK SK Elementary

How did you hear about Beyond Montessori ? _____

I/We agree to admit my/our child at Beyond Montessori.
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 Amount: \$ _____