

APPLICATION FORM

Childs Name: _____ Gender: Male Female
Surname Full given names

Birth Date: _____ Authorized Pick-up Person _____
(Day/Month/Year) (other than parent)

<input type="checkbox"/> Mother <input type="checkbox"/> Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Guardian
Name: _____ <small>Surname Given name</small>	Name: _____ <small>Surname Given name</small>
Home Address: _____	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: _____

Emergency Contact (Other than Parents)

Name _____ Relationship _____ Phone Number (____) _____

2nd Contact _____ Relationship _____ Phone Number(____) _____

Family Doctor _____ Phone Number(____) _____

Doctor's Address _____

Child's OHIP# _____

Allergies _____

Other relevant information regarding your child's health _____

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BEYOND MONTESSORI SCHOOL

Email: info@beyondmontessori.com

Phone: 905-937-0700

Are parents separated/divorced? Yes No If yes, who has legal custody? _____

With whom is your child's primary residence? _____

Name(s) of other caregiver(s) in the family home: _____

First names and ages of any siblings: _____

Name of person responsible for school expenses: Mother Father Other

If Other, this person must sign enrollment contract with other parent(s) & provide name, address, tel# below .

In case of snow or other extraordinary circumstances in which transportation and/or communication may be interrupted, we need to know where or with whom your child should go.

Contact Person: _____ Phone: _____

Do you authorize Beyond Montessori to take care of your child during an emergency if we are unable to contact you? This may include transportation to the hospital and basic first aid.

Yes No Parent/Guardian Signature(s): _____

*Permission to give out phone number and/or address to other families for after school playtime, mailing birthday invitations, etc. Yes No

*Are you interested in carpooling? Yes No

If Yes, in what area of the city do you reside? _____

*Permission to have Parent Committee members telephone you? Yes No

APPLICATION FORM

<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**.*
 Students enrolling in full-day PreSchool are committing to continuing their education with BMS through SK.

How did you hear about Beyond Montessori ? _____



I/We agree to admit my/our child to Beyond Montessori School (BMS).
 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