



2850 Bloor St West Toronto ON
416.234.9127

12 Peter St South Mississauga ON
905.891.6912

APPLICATION FOR ENROLLMENT

CHILD'S NAME:	
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ADDRESS:	
TELEPHONE:	
DATE OF BIRTH:	
SEX:	
FIRST DAY OF SCHOOL:	
LAST DAY OF SCHOOL:	
LANGUAGE SPOKEN AT HOME:	

APPLICATION FOR ATTENDANCE:	
AM session (9:00am-12:00pm)	Extended hours (8:00am-9:00am)
Full day session (9:00am-3:30pm)	Extended hours (3:30pm-5:30pm)

PARENT NAME:	PARENT NAME:
OCCUPATION:	OCCUPATION:
EMPLOYER:	EMPLOYER:
WORK ADDRESS:	WORK ADDRESS:
WORK TEL.NO:	WORK TEL. NO:
EMAIL ADDRESS:	EMAIL ADDRESS:

PERSON (S) TO BE CONTACTED IF PARENTS CANNOT BE REACHED:	
NAME:	NAME:
RELATIONSHIP:	RELATIONSHIP:
ADDRESS:	ADDRESS:
TEL. NUMBER:	TEL. NUMBER:

PERSON (S) THAT CHILD MAY BE RELEASED TO:	
NAME:	TEL. NUMBER:
NAME:	TEL. NUMBER:



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SIBLINGS		
NAME:	AGE:	SEX:
NAME:	AGE:	SEX:

MEDICAL INFORMATION:	
HEALTH CARD NUMBER:	
CHILD'S PHYSICIAN NAME:	
TELEPHONE NUMBER:	
ADDRESS:	
PERTINENT INFORMATION (ALLERGIES, ETC.):	

I hereby apply for admission of the above-mentioned child.

I have read the "Policy and Terms of Enrollment" sheet provided by the school and agree to be bound by the contents.

Payment in post-dated cheques payable to Prince Edward Montessori School is enclosed.

The School enrolls our child upon acceptance.

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____