



Absorbent Minds Montessori

16 Old Kingston Road, Toronto. M1E3J5

APPLICATION FOR ENROLLMENT

STUDENT INFORMATION			
Child's Name :			
Date of Birth (M/D/Y) :		Age :	
Home Address :			
Home Telephone :			
Languages Spoken :			

FAMILY INFORMATION			
	Father / Guardian		Mother / Guardian
First Name			
Last Name			
Address (if different from child)			
Employer Name			
Occupation			
Work email address			
Home email address			
Work Telephone No			
Home Telephone No			
Cell Telephone No			
Siblings Name	Gender	Age	School

STUDENT MEDICAL INFORMATION	
Child's Health Card No :	
Doctor's Name :	
Doctor's Address :	
Doctor's Telephone No :	
List Child's Allergies :	
Special Dietary Requirements :	
Sleep Requirement :	
Play Requirement :	
History of Communicable Disease :	
Individual Learning Plan (if yes attach) :	
Immunization Form Attached :	
Any regular medication?	
Does your child have any significant medical condition of which the school should be aware?	

EMERGENCY CONTACT INFORMATION		
Please list the names of two persons other than the parents or guardians who may be contacted in the event of an emergency		
Name	Telephone	Relation to Child

PICK UP CONTACT INFORMATION		
Please list the names of two persons other than the parents or guardians who may authorized to pick up your child/children from school.		
Name	Telephone	Relation to Child

PERMISSION TO GO ON OUTINGS

(YES / NO)

PHOTOGRAPHIC WAIVER

- School Activities
- School Notice Boards (parent & children viewing)
- School Promotional Materials
- Website

PARENT HANDBOOK RECEIVED

(YES / NO)

PROGRAM SELECTION

PLEASE CHECK THE APPROPRIATE BOX :

- | | | |
|---|---|---|
| <input type="checkbox"/> Full Days 8:30am -3.30pm | <input type="checkbox"/> Half Mornings 8.30am -11.30pm | <input type="checkbox"/> Extended morning 7:00am -8.30am |
| <input type="checkbox"/> Half afternoon 1:30pm - 4:30pm | <input type="checkbox"/> Extended evening 3:30pm - 4.30pm | <input type="checkbox"/> Extended evening 4:30pm - 6.00pm |

Toddler Program

- | | | | |
|---------------------------------|---------------------------------|--|---|
| <input type="checkbox"/> 5 Days | <input type="checkbox"/> 4 Days | <input type="checkbox"/> (Monday-Thursday) | <input type="checkbox"/> (Tuesday-Friday) |
|---------------------------------|---------------------------------|--|---|

Casa Program

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> 5 Days | <input type="checkbox"/> 4 Days | <input type="checkbox"/> (Monday-Thursday) | <input type="checkbox"/> (Tuesday-Friday) |
| <input type="checkbox"/> Optional Lunch Program | <input type="checkbox"/> Packed Lunch From Home | | |

Date of Admission :

Date of Discharge :

Signature :

Date of Signature :