

Brooklin Mill Montessori School Inc.
Application for Enrolment



A non-refundable administration fee of \$100 per family is required to process your application. Please make your cheque payable to Brooklin Mill Montessori School Inc.

Date of Application: _____ Requested Start Date in School: _____

Child's Name: _____ M / F ?

Date of Birth: _____

Previous Montessori Experience? No / Yes, Details: _____
(If yes, please indicate school & duration)

Previous Daycare Experience? No / Yes, Details: _____
(If yes, please indicate caregiver & duration)

Toilet Trained? In Progress / Yes

Home Phone: () _____

Street Address: _____

City: _____ Prov: _____ Postal Code: _____

Parent / Guardian Contact Information:

Name _____

Relationship _____

Home Phone & Address _____
(if different than above)

Occupation _____

Business Phone () _____ () _____

Cell Phone () _____ () _____

E-mail Address _____

Business Address _____

Sibling Information:

Name _____

Date of Birth _____

Please indicate requested schedule so we can provide the applicable fee schedule.

Other Program Notes: _____

Does your child nap? No / Yes, From (time): _____ To (time): _____

Please describe any allergies, dietary restrictions, or special needs of your child:

I wish to enrol my child in Brooklin Mill Montessori School. I have disclosed any special needs of my child. I have also reviewed and agree to the School's enrolment policies.

Signature _____

Date _____