



# Canadian Montessori Academy

70 Fieldrow Street, Ottawa, Ontario, K2G 2Y7

Tel: (613) 727-9427 Fax: (613) 686-1805

e-mail: info@montessori-academy.com webpage: www.montessori-academy.com

## Application For Admission - 2011/2012

### Student Information

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex: M  F   
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Phone : \_\_\_\_\_  
 Live with: Parents  Mother  Father  Other   
 Language: Primary - \_\_\_\_\_  
 Secondary - \_\_\_\_\_

Requested Class: Infant   
 Toddler   
 Primary   
 Pre-Elementary   
 Elementary   
 Middle School   
 Program: Extended Full Day 7.30 - 5.30   
 Full Day 9.00 - 3.45   
 Half Day 7.30 - 1.00   
 Start Date: \_\_\_\_\_ Sept. 2010

### Family Information

#### Mother

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Work Place: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 e-mail: \_\_\_\_\_

#### Father

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Work Place: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 e-mail: \_\_\_\_\_

### Medical Information

Doctor's Name: \_\_\_\_\_  
 Any Medical Problems: \_\_\_\_\_  
 OHIP Number: \_\_\_\_\_  
 Emergency Contact Persons (other than parents)  
 1. Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_

Doctor's Telephone : \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 2. Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_

We authorize the Canadian Montessori Academy to seek emergency medical treatment for our child if needed.

\_\_\_\_\_  
Father

\_\_\_\_\_  
Mother

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Student's First Name : \_\_\_\_\_ Student's Last Name : \_\_\_\_\_

**Transport Arrangements:** *Please specify all persons authorized to pick up student including parents/guardians*

1. Name: _____	2. Name: _____
Relationship: _____	Relationship: _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
Cell: _____	Cell: _____
3. Name: _____	4. Name: _____
Relationship: _____	Relationship: _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
Cell: _____	Cell: _____

**By signing this form, we, as parents/guardians, confirm that the above and overleaf information is correct.**

\_\_\_\_\_  
Parent/Guardian signature  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature  
\_\_\_\_\_  
Date

This form must be signed by both parents/guardians. If there is only one signature, supporting documentation of sole custody must be attached.

### Check List

- Application for Admission (signed by both parents unless accompanied by supporting documentation)
- Tuition Agreement (signed by both parents unless accompanied by supporting documentation)
- Schedule "B" (signed by both parents unless accompanied by supporting documentation)
- Completed City of Ottawa Public Health Department School Entry Immunization Form  
- Please see 'General Information' for details.
- Photocopy of Record of Immunizations
- Photocopy of Birth Certificate
- Questionnaire
- Two recent photos
- Payment - Lump sum or post-dated cheques.