



Canadian Montessori Academy

70 Fieldrow Street, Ottawa, Ontario, K2G 2Y7

Tel: (613) 727-9427 Fax: (613) 723-1035

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

Application For Admission - 2008/2009

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
 Elementary
 Middle School
 Program: Extended Full Day 7.30- 5.30
 Full Day 9.00- 3.45
 Extended Half Day 7.30- 1.00
 Half Day 9.00-11.45
 Start Date: _____

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

Application For Admission - 2008/2009

Student's First Name : _____

Student's Last Name : _____

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

1. Name: _____

Relationship: _____

Address: _____

Phone: _____

Cell: _____

2. Name: _____

Relationship: _____

Address: _____

Phone: _____

Cell: _____

3. Name: _____

Relationship: _____

Address: _____

Phone: _____

Cell: _____

4. Name: _____

Relationship: _____

Address: _____

Phone: () _____

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.