

Application for Enrolment

To complete your application, please include the \$50 registration fee that is refundable should you decide not to enroll your child. The fee may be paid by cash or cheque made out to <a href="Whitehorse Montessori Society">Whitehorse Montessori Society</a>

Child's Full Name:				
	first	middle	_	last
Date of Birth:		Age:	Gender:	M F
Preferred Start Date:				
Preferred Enrolment:	Full <sup>-</sup>	<b>Time</b> (8:30 a.m.	– 3:30 p.m	.)
	<b>Full</b> p.m.)	Time plus Afte	r <b>School</b> (8	:30 a.m. – 5:00
Child's Home Address:				
Child's Home Phone Number:				
Name of Parent/Guardian:				
			6.	
Name of Parent/Guardian:				
Daytime Phone: Cell Phone:		Evening Phor Email Addres		
Name(s) of other Guardian(s):				
Relationship to Child: Daytime Phone:		Evening Phor	Je.	
Cell Phone:		_ Email Addres		
Does your child have previous	Montessori exp	erience? yes		no