



Glebe Montessori School Toddler Program Application for Admission

Toddler Program Requested:

___ Full Day
8:30 – 3:30

Admission Date _____ 20__

___ Extended Day
8:30 – 5:30

CHILD'S NAME: _____
 First Middle Last Nickname

Birth Date: _____ City/Country of Birth: _____ Male ___ Female ___

Home Address: _____
 Street City/Province Postal Code

Telephone Number: _____ Language Spoken at Home: _____

Child lives with: Both Parents _____ Mother _____ Father _____ Other _____

Siblings: _____
 Name Age School

Siblings: _____
 Name Age School

1ST PARENT/GUARDIAN

2ND PARENT/GUARDIAN

Name: _____
 First Last

Name: _____
 First Last

Relationship to Child: _____

Relationship to Child: _____

Home Address: _____
(If different from child's) Street

Home Address: _____
(If different from child's) Street

City/Province/Postal Code Telephone

City/Province/Postal Code Telephone

Occupation: _____

Occupation: _____

Business Address: _____

Business Address: _____

City/Province/Postal Code Telephone

City/Province/Postal Code Telephone

Email Address

Email Address

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Please list a recent daycare your child may have attended:

School	Address	Dates Attended
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If your child has not attended daycare, what kind of care has your child received outside of your home (playgroups, grandparents, etc.)?

Does your child have any special needs or allergies? If so, please specify.

Have there been any unusual occurrences in your child's life (death in the family, extended hospitalization, moving, divorce, etc.)? Please include dates.

Please list some of your child's special interests:

Has your child started toilet training? Yes _____ No _____

If so, please specify:

Partially _____ Completely _____

Please state briefly why you would like your child to attend GMS.

Do you have any comments that you feel may add to our understanding of your child and his/her needs?

I learned of Glebe Montessori School through: Friend _____ Advertisement _____ Website _____
Other _____

How long do you plan to keep your child in Montessori?

I/We will submit cheques for the annual tuition as specified in the terms of payment of fees following acceptance of my/our child at GMS.

Parent/Guardian's Signature

Parent/Guardian's Signature

Date

Date