



Glebe Montessori School Toddler Program Application for Admission

Toddler Program Requested:		Admission Date _____ 20____
<input type="checkbox"/> Full Day 8:30 – 3:30		
<input type="checkbox"/> Extended Day 8:30 – 5:30		

CHILD'S NAME: _____
First
Middle
Last
Nickname

Birth Date: _____ City/Country of Birth: _____ Male _____ Female _____
 MM - DD - YYYY

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

Name: _____
First
Last
 Relationship to Child: _____

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

City/Province/Postal Code
Telephone

Occupation: _____

Business Address: _____

City/Province/Postal Code
Telephone

 Email Address

Parent/Guardian Signature
Date

2ND PARENT/GUARDIAN

Name: _____
First
Last
 Relationship to Child: _____

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

City/Province/Postal Code
Telephone

Occupation: _____

Business Address: _____

City/Province/Postal Code
Telephone

 Email Address

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