



1525 Rowan Street
 Victoria, BC V8P 1X4
 (250) 592-4411 fax 592-9798
 e-mail: imhs@telus.net

Application for Enrollment

School Year _____

Please complete this form and return with a cheque for \$25 (application fee) made payable to "Island Montessori House School". This information will be used for processing applications for student placement and will be protected under the *Freedom and Information and Protection of Privacy Act*. If there are questions or more information needs to be conveyed, please contact the school.

Child's Name _____ Birthdate: _____
LAST First Middle Name(s) (day/month/year)

Legal name (if different) _____ Birth Certificate
 Other Documentation _____
 Address: _____ MALE FEMALE

City: _____ Postal Code: _____ Birthplace: _____

Home Telephone No. _____ Language used at home: _____

Parent's Name _____ Lives with child? Yes No
(complete address if different from child's)

Address: _____ Cell Phone # _____

City: _____ Postal Code: _____ Work Phone # _____

Home Telephone No. _____ Place of Work: _____

Parent's Name _____ Lives with child? Yes No
(complete address if different from child's)

Address: - _____ Cell Phone # _____

City: _____ Postal Code: _____ Work Phone # _____

Home Telephone No. _____ Place of Work: _____

E-mail: _____ or I prefer to receive paper correspondence only

Medical Information:

- My child has a Life Threatening Medical Condition. Specify: _____
- Assessments or Therapies (i.e. Physio-Therapy, Speech Therapy, Cognitive, etc) are on-going or have previously been completed *(more information can be provided if the child attends)*
- Other Diagnosis/Information _____

Program Information: (indicate preference)

- Half Day Preschool Program 9:00–11:30 A.M. or 12:45–3:15 P.M. **FEES*** \$4,050 /year
- Full Day Preschool Program – 9:00 A.M. – 3:15 P.M. (3 ½ - 5 yrs) \$7,800 /year
- Full Day Kindergarten Program – 9:00 A.M. – 3:15 P.M. \$6,500 /year
- Extended Care Option: 8:00 – 9:00 A.M (\$90) 3:15-5:15 P.M. (\$180) both (\$270)
- Will be applying for Child Care Subsidy (CCS)**

**please note: parents are responsible for any difference between CCS and Island Montessori fees.

*payable in monthly installments

I certify that the information I have provided on this form is correct:

Signature of Parent/Legal Guardian _____ Date: _____

Office Use Only Payment by: chq cash Date Rec'd _____ Start Date: