



Phone: 250-592-4411
 5575 West Saanich Road
 Victoria, BC V9E 2G1

Email: achen@islandmontessori.com

APPLICATION FOR ENROLLMENT – School Year _____

Please complete this form and return with the **\$30 application fee** either by cheque made payable to “Island Montessori House School” or e-transfer to achen@islandmontessori.com. This information will be used for processing applications for student placement and will be protected under the *Freedom of Information and Protection of Privacy Act*. If there are questions or more information needs to be conveyed, please contact the school.

Child's Name _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Legal Name (if different) _____	Birthdate _____	
Address _____	Birthplace _____	
City _____ Postal Code _____	<input type="checkbox"/> Birth Certificate	
Home Phone # _____	<input type="checkbox"/> Other Documentation _____	
	Language used at home _____	

Parent's Name _____	Lives with child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address _____ <small>(Complete if different from child's)</small>	Home Phone # _____ <small>(Complete if different from child's)</small>	
City _____ Postal Code _____	Cell Phone # _____	
Place of work _____	Work Phone # _____	
Email _____ or <input type="checkbox"/> I would prefer to receive paper correspondence only.		

Parent's Name _____	Lives with child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address _____ <small>(Complete if different from child's)</small>	Home Phone # _____ <small>(Complete if different from child's)</small>	
City _____ Postal Code _____	Cell Phone # _____	
Place of work _____	Work Phone # _____	
Email _____ or <input type="checkbox"/> I would prefer to receive paper correspondence only.		

Where did you hear about Island Montessori? Website Island Parent Used Victoria Kids in Victoria Relatives/Friends

MEDICAL INFORMATION

My child has a Life Threatening Medical Condition. Please specify _____

Assessments or Therapies (ie, Physiotherapy, 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 (PLEASE INDICATE PREFERENCE) 3 – 5 years old	FEES* Payable in 10 monthly installments
<input type="checkbox"/> Half Day Preschool Program 9:00am – 11:30am (no pm option)	\$5,800/year(\$580/mth)
<input type="checkbox"/> Full Day Preschool Program 9:00am – 3:00pm	\$9,000/year(\$900/mth)
<input type="checkbox"/> Full Day Part time Mon-Wed. 9:00am – 3:00pm	\$5,830/year(\$583/mth)
<input type="checkbox"/> Full Day Part time Thurs. & Fri 9:00am – 3:00pm	\$3,580/year(\$358/mth)
<input type="checkbox"/> Extended Care Options: <input type="checkbox"/> 7:30am – 9:00am \$153.00/mth <input type="checkbox"/> 3:00pm – 5:00pm \$300/mth <input type="checkbox"/> Both \$452/mth	
<input type="checkbox"/> Will be applying for Affordable Child Care Benefit (ACCB). Please note: parents are responsible for any difference between ACCB and Island Montessori fees.	

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

Signature of Parent/Legal Guardian _____ Date _____

Payment by: cheque e-transfer cash Date Rec'd _____ Start Date: _____