

APPLICATION FOR ENROLMENT

Kew Park Montessori Day School
79 Hiawatha Road, Toronto, Ontario M4L 2X7
416-694-6273

School Year _____ Casa(Pre-School) Fullday _____ !/2 Day _____ Elementary _____ Grade _____

Child's Name _____ **Nickname (if used)** _____

Birthdate _____ Male/Female _____
 day month year

Names/ages of siblings _____

Parents Full Names _____ Occupation _____

Address _____ Occupation _____

Postal Code _____

Telephone (home) _____ **(work - M)** _____ **(work - F)** _____

How did you hear about our school? _____

What is your experience with Montessori education? _____

Why did you choose our school? _____

What educational goals do you have for your child? _____

Specify any special educational, physical or emotional needs of your child.

I hereby apply for the admission of _____
to Kew Park Montessori Day School.

Signature of Parent _____ **Date** _____

Placement on the waiting list ensures that you will be contacted first when a space becomes available or when enrollment applications are being accepted. Please contact us if your address/telephone number changes or if you no longer wish to remain on the waiting list.

*An application of \$100. must accompany this application. It is not refundable. It is a one-time per family fee and does not apply to re-enrollments, new admission of siblings, or admission to the elementary programme from our casa programme.

*A copy of child's birth certificate must also accompany this application.