

Young Minds Montessori

Application for Admissions

1744 Lakeshore Rd. West
Mississauga, ON
L5J 4N8

Start Date: _____ Young Minds Montessori Discharge Date: _____
Application for Enrollment

Student Information

Student Name _____ Home Phone _____

Address _____ City _____ Postal Code _____

Date of Birth (day) _____ (month) _____ (year) _____

Medical Information

Doctor/Physician _____ Address _____ Tel _____

Medical History (please list any serious allergies or medical conditions and/or medication our child takes regularly)

Parent/Guardian Information

Name _____ Name _____

(father)

(mother)

Address _____ Address _____

(street)

(street)

(city, province, postal code)

(city, province, postal code)

Tel. _____ Telephone _____

(home)

(business)

(home)

(business)

_____ EMAIL _____

(cell)

(cell)

Employer Name and Address _____

Employer Name and Address _____

Emergency Contact/Student Release Information

Please list the names and numbers for individuals other than yourself that may be contacted in the event of an emergency or may pick up your child in your absence

Name _____ Address _____ Tel no 1: _____ Tel no 2: _____

Name _____ Address _____ Tel no 1: _____ Tel no 2: _____

Name _____ Address _____ Tel no 1: _____ Tel no 2: _____

The information that has been provided to the school is correct and accurate. Any of the above information will be updated to the office immediately should there be any changes.

Parent Signature _____ Parent Signature _____ Date _____

(father)

(mother)

Young Minds Montessori
Additional Information

Program Requested

Please circle Toddler or Casa

Toddler (18 months-2 ½ years)

Casa (2 ½ -6 years)

Please checkmark beside the requested program

Full Day with extended hours (7:30am-6:00pm)

School Day only (8:45am-3:30pm)

Days Requested (please circle)

M T W TH F

Address for Correspondence

Please indicate where the following information may be sent to

Tax Receipts or billing, same as attached or _____

Email address for school correspondence _____

Custody Arrangements

Please indicate custody arrangements if separated or divorced and with whom information or correspondence should be provided to.

-----Sleep

Requirements/Arrangements for your child:

Exercise Restrictions/Requirements for your child:

Medical Release

In the case of an accident or illness of my child while in attendance at Young Minds Montessori, I agree to allow the staff of Young Minds to obtain the necessary medical attention, including anesthetic and or prescribed medication if necessary, by a practicing physician.

Parent signature _____ Parent Signature _____ Date _____
(father) (mother)