

Innisfil Montessori Academy
201 Sunnybrae Avenue
Innisfil, ON L9S 1H8

STUDENT APPLICATION FORM

Child's Name: _____	
Child's Address: _____	
Birthdate: _____	Authorized Pick-up Person(s): _____
Date of Entry: _____	Age at time of entry: _____

PARENT INFORMATION

Name: _____ Home Address: _____ _____ Home Phone: _____ E-Mail: _____ Cell Phone: _____ Bus. Phone: _____ Workplace (incl. address): _____	Name: _____ Home Address: _____ _____ Home Phone: _____ E-Mail: _____ Cell Phone: _____ Bus. Phone: _____ Workplace (incl. address): _____
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Emergency Contacts (All information is necessary as per the Ministry of Community & Social Services)

Name: _____	Relationship: _____	Phone #: _____
Name: _____	Relationship: _____	Phone #: _____
Family Dr.: _____	Phone #: _____	
Dr. Address: _____		
Allergies: _____		
Other relevant information regarding child's health: _____		

Program Requested

- 2 Days per week (Tues/Thur) JK/SK "A" (Mon/Wed/Alt. Fri) 5 Days per week
- 3 Days per week (Mon/Wed/Fri) JK/SK "B" (Tues/Thur/Alt. Fri)

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Hot Lunch Requested: Yes () No () Cost is \$4.00 per day (mandatory for children under 3.8 yrs.

Previous Childcare Provider: _____

Discharge Date: _____