

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): _____
---	---

**Emergency Contacts (All information is necessary as per the Ministry of
Community & Social Services and MUST be different than parents)**

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

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

Program Requested: (Please Circle)

Toddler

Casa

JK/SK

Previous Childcare Provider: _____

Discharge Date: _____