

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: _____	Name: _____
Home Address: _____	Home Address: _____
_____	_____
Home Phone: _____	Home Phone: _____
E-Mail: _____	E-Mail: _____
Cell Phone: _____	Cell Phone: _____
Bus. Phone: _____	Bus. Phone: _____
Workplace (incl. address): _____	Workplace (incl. address): _____

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: _____

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Program Requested: (Please Circle)

Toddler

Casa

JK/SK

Previous Childcare Provider: _____

Discharge Date: _____