

Please complete this form and return to the Office. Please be sure to provide your email address, and opt in to receiving our electronic messages containing school news and information, using the checkbox below.

PARENT (GUARDIAN) INFORMATION

| | | | |
|--------------------------|-----------------------|-----|----------------|
| PARENT (GUARDIAN'S) NAME | | | GENDER |
| ADDRESS | | | POSTAL CODE |
| HOME PHONE | CELLULAR PHONE | FAX | E-MAIL ADDRESS |
| OCCUPATION | BUSINESS/COMPANY NAME | | BUSINESS PHONE |

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CHILDREN TO BE WAITLISTED

| | | | |
|-----------|------------|--------------------------|--------|
| LAST NAME | FIRST NAME | DATE OF BIRTH (DD/MM/YY) | GENDER |
| LAST NAME | FIRST NAME | DATE OF BIRTH (DD/MM/YY) | GENDER |
| LAST NAME | FIRST NAME | DATE OF BIRTH (DD/MM/YY) | GENDER |

WHERE DID YOU HEAR ABOUT SELKIRK MONTESSORI SCHOOL?

☐ WEBSITE
 ☐ ISLAND PARENT
 ☐ YELLOW PAGES
 ☐ RELATIVES/FRIENDS
 ☐ MY MONTESSORI PRESCHOOL (name) _____

CHECKLIST AND SIGNATURE(S) / INITIAL(S)

☐ I WOULD LIKE MY CHILD (REN) TO BE ON THE WAITLIST.

I HAVE EMAILED THE \$175.00 NON-REFUNDABLE ADMIN FEE. _____ (initials) (email: accounting@selkirkmontessori.ca)

I would like my child (ren) to be waitlisted for:

Preschool (3-4 yr. olds) **FULL DAY** (8:50 am – 3:00 pm)

Kindergarten (5 yr. olds) **FULL DAY** (8:50 a.m.-3:00 pm)

☐ I HAVE INCLUDED A COPY OF RELEVANT DOCUMENTS: ANY MEDICAL INFORMATION (VISION OR HEARING ASSESSMENTS, OT/PT, SLP, VICAN, VB-MAPP, ETC.), ANY EDUCATIONAL ASSESSMENTS (PSYCHOEDUCATIONAL TESTING ETC.). THIS WILL ENSURE THE MOST BENEFICIAL PLACEMENT FOR YOUR CHILD.

☐ I WILL SET UP A TOUR OF YOUR FACILITY. (initials)

☐ I HAVE TAKEN A TOUR OF YOUR FACILITY (initials)

☐ I CONSENT TO PACIFIC MONTESSORI SOCIETY USING MY EMAIL ADDRESS(ES) TO SEND ME SCHOOL NEWS AND EVENTS INFORMATION, INCLUDING FUNDRAISING INFORMATION, AND UNDERSTAND THAT I MAY OPT OUT AT ANY TIME BY EMAILING THE SCHOOL AT THE ADDRESS BELOW. (initials)

☐ I GIVE CONSENT FOR SELKIRK TO ACCESS RECORDS FROM OUR FORMER SCHOOL. (initials)

Signed: _____

Date: _____

OFFICE USE ONLY

DATE REC'D: _____ ADMIN FEE REC'D: _____ (etrans) EMAIL POSTED: _____