

## **EXPRESSION OF INTEREST FORM**

**Kindergarten/Preschool** 

Please complete this form and return it 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.

## **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)					

## PARENT (GUARDIAN) INFORMATION

PARENT (GUARDIAN'S) NAME						
ADDRESS						
HOME PHONE	CELLULAR PHONE	FAX	E-MAIL ADDRESS	ADDRESS		
OCCUPATION	CUPATION BUSINESS/COMPANY NAME			BUSINESS PHONE		
PARENT (GUARDIAN'S) NAME						
ADDRESS						
HOME PHONE	CELLULAR PHONE	FAX	E-MAIL ADDRESS	I		
OCCUPATION BUSINESS/COMPANY NAME			BUSINESS PHONE			
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 (applicable for Kindergarten only) (initials)   EMAIL TRANSERS TO: ACCOUNTING@SELKIRKMONTESSORI.CA   I would like my child (ren) to be waitlisted for:   Kindergarten Full Day (8:50 am - 3:00 pm)   Preschool Full Day (8:50 am - 3:00 pm)   I HAVE INCLUDED A COPY OF THE FOLLOWING RELEVENT DOCUMENTS: ANY RELEVENT MEDICAL INFORMATION (VISION OR HEARING ASSESSMENTS, OT/PT, SLP,   VICAN, VB-MAPP, ETC.), ANY RELEVANT EDUCATIONAL ASSESSMENTS (PSYCHOEDUCATIONAL TESTING ETC.). THIS WILL ENSURE THE MOST BENEFICIAL PLACEMENT FOR   YOUR CHILD, (initials)   I WULL CALL LATER TO SET UP A TOUR OF YOUR FACILITY (initials)   I LOONSENT 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)						
OFFICE USE ONLY DATE REC'D:	ADMIN FEE REC'D:	EMAIL PC	OSTED:			

2970 Jutland Road, Victoria, BC V8T 5K2, TEL: 250-384-3414, FAX: 250-384-3420, Website: www.selkirkmontessori.ca E-mail Forms to: Reception@selkirkmontessori.ca E-Transfers to: <u>accounting@selkirkmontessori.ca</u>