

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 <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
ADDRESS			POSTAL CODE
HOME PHONE	CELLULAR PHONE	FAX	E-MAIL ADDRESS
OCCUPATION	BUSINESS/COMPANY NAME		BUSINESS PHONE

PARENT (GUARDIAN) INFORMATION

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OCCUPATION	BUSINESS/COMPANY NAME		BUSINESS PHONE

CHILDREN TO BE WAITLISTED

LAST NAME	FIRST NAME	DATE OF BIRTH (DD/MM/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
LAST NAME	FIRST NAME	DATE OF BIRTH (DD/MM/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
LAST NAME	FIRST NAME	DATE OF BIRTH (DD/MM/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F

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 AM ENCLOSING THE \$100.00 NON-REFUNDABLE ADMIN FEE. _____ (initials)

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

Kindergarten/Preschool (3-5 yr. olds) **AM** (8:50 am – 11:30 am) _____ Kindergarten/Preschool (3-5 yr. olds) **PM** (12:20 p.m.-3:00 pm) _____

Kindergarten/Preschool AM & Casa PM (8:50 am – 3:00 pm) _____ Kindergarten/Preschool PM & Casa AM (8:50 am – 3:00 pm) _____

I HAVE INCLUDED A COPY OF THE FOLLOWING RELEVANT DOCUMENTS: ANY RELEVANT 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 WILL CALL LATER TO SET UP A TOUR OF YOUR FACILITY. _____ (initials) YES! I HAVE TAKEN THE 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: _____ (chq/cash/etrans) EMAIL POSTED: _____