

EXPRESSION OF INTEREST FORM

Kindergarten/Preschool

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? | | | |
| <input type="checkbox"/> WEBSITE <input type="checkbox"/> ISLAND PARENT <input type="checkbox"/> YELLOW PAGES <input type="checkbox"/> RELATIVES/FRIENDS <input type="checkbox"/> 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:** _____