



**Leitrim  
Montessori  
Preschool**

## 2015-2016 Enrollment Application

### Parent(s)/Guardian Information

**Father's Name:** \_\_\_\_\_ Business Number: \_\_\_\_\_

Business Name/Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Home Phone Number and Address (if different than child): \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Business Number: \_\_\_\_\_

Business Name/Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Home Phone Number and Address (if different than child): \_\_\_\_\_

### Student Information:

**Child's Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address (including postal code): \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Health Card Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

*Please identify any pertinent medical information, previous communicable diseases, and/ or conditions requiring medical attention. Please supply copies of immunization records and/or any statement from a parent, of legally known illnesses, allergies, known disabilities, any other medical or physical conditions. Also requirements for any medicine to be administered during school hours or any special requirements with respect to diet, rest or exercise:* \_\_\_\_\_

**Person authorized to pick up your child/emergency contact:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Tel: \_\_\_\_\_

**Person authorized to pick up your child/emergency contact:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Tel: \_\_\_\_\_

### Program

5 Full Days \_\_\_\_\_ 4 Full Days \_\_\_\_\_ or 3 Full Days \_\_\_\_\_

Please circle which days you would like your child to attend: Mon / Tue / Wed / Thu / Fri

5 Half Days \_\_\_\_\_ am \_\_\_\_\_ pm \_\_\_\_\_

**Signatures of Parents/Guardian Required.** By signing the following, we agree to register our child in Leitrim Montessori Preschool for the 2015-2016 school year. We agree to pay the tuition fees according to the program selected and the terms outlined with the payment plans.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## PAYMENT PLAN

Academic Year (September 2015 – June 2016)

**Registration Fee:** \$200 plus last month's tuition (non-refundable)

- Payment of **registration fee** reserves a space for your child
- Registration Fee is payable only once for as long as your child remains in the school

	<b>5 Full Days</b>	<b>4 Full Days</b>	<b>3 Full Days</b>	<b>5 Half Days</b>
	<b>\$1245</b>	<b>\$1135</b>	<b>\$995</b>	<b>\$945</b>
<b>Total Cost</b>	<b>\$12450</b>	<b>\$11350</b>	<b>\$9950</b>	<b>\$9450</b>

(payable by 10 post-dated cheques dated the first of the month to be provided upon registration. (September 1<sup>st</sup> through to June 1<sup>st</sup>)

### Notes:

- A second child from the same family is entitled to a 5% discount when both are enrolled.
- Two months paid notice (during the academic year, September 2015 to June 2016) is required to withdraw your child from the school or to reduce attendance.
- If enrollment is cancelled by parent/guardian, prior to the commencement of the academic year, the registration fee and one month paid in advance are retained by the school.
- There will be no reimbursement due to absenteeism.
- Leitrim Montessori Preschool reserves the right to refuse admission.

Tax Receipts (Child Care Expenses) are issued for the full amount of tuition and registration