



## Application For Admission

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's address: \_\_\_\_\_ Phone#: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent's address: \_\_\_\_\_ Phone#: \_\_\_\_\_

(if different)

\_\_\_\_\_  
\_\_\_\_\_

### Mother/guardian

### Father/guardian

Last name: \_\_\_\_\_ Last name: \_\_\_\_\_

First name: \_\_\_\_\_ First name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

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

\_\_\_\_\_

Work phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

Child lives with: both parents\_\_\_ mother\_\_\_ father\_\_\_ other\_\_\_

Correspondence: both parents\_\_\_ mother\_\_\_ father\_\_\_ other\_\_\_

Emergency contact: \_\_\_\_\_ phone#: \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Other persons allowed to pick up child from school:**

Name \_\_\_\_\_ relationship: \_\_\_\_\_ phone# \_\_\_\_\_

Name \_\_\_\_\_ relationship: \_\_\_\_\_ phone# \_\_\_\_\_

**Child's physician:** \_\_\_\_\_

**Physician's address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Physician's phone#:** \_\_\_\_\_

**Child's health card number:** \_\_\_\_\_

**Immunization record attached:** yes \_\_\_ no \_\_\_ (reason) \_\_\_\_\_

**Is your child allergic to anything?( please list)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Special dietary requirements:** \_\_\_\_\_

**Special physical, cognitive, social or emotional needs:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Which program would you like to enroll in?**

Full day \_\_\_\_\_ half day AM \_\_\_\_\_ half day PM \_\_\_\_\_

**Approximate drop off time:** \_\_\_\_\_ **Approximate pick up time:** \_\_\_\_\_

**Will your child be here extended hours (5pm-6pm)?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Will your child require a nap (full day only)?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Has your child been in an organized program before?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please give name of program** \_\_\_\_\_

**Language spoken at home** \_\_\_\_\_

**Others living in the home( EG: siblings, grandparents)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In order for this application to be processed it is necessary to include:**

- 1) copy of child's birth certificate/record of landing**
- 2) copy of child's record of immunization**
- 3) last report from any school attended ( if applicable)**
- 4) application fee of \$75.00**

**Mail application to:**

**Little Acorns Montessori  
40 Underhill Drive  
Toronto, Ontario  
M3A 2J5**