

**PRELIMINARY REQUEST
FOR ADMISSION**

Child's name _____ First name _____

Date of birth (d/m/y) ___ ___ ___ Sex _____

Address _____ City _____ Province _____

Postal code _____ telephone number (home) _____

Preferred registration date _____

Program preferred: bilingual _____ french _____

half day _____
(9:00@12:00) (8:30@11:30)

extended day _____
(9:00@3:30)

full day _____
(8:00@5:00)

First language spoken by child _____ second _____

Other school experience(if applicable) _____

Sisters and brothers name and age _____

Except for unpredictable circumstances, how many years do you intend to send your child to the "Orleans Montessori Children's House" ? _____

Does your child have any medical problems (allergies, perceptual problems...) or other problems the school should be aware of ? _____

Where did you hear about the "Orleans Montessori Children's House" ?
internet__ newspaper__ acquaintance__ other source__

Father's name _____ First name _____ phone # _____

Mother's name _____ First name _____ phone # _____

**The amount of \$40.00 is attached to the present form.
The tuition fees will be given at the time of registration
as per the tuition schedule.**

Parent's signature

Date _____

Parent's signature

Date _____