

**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 \_\_\_\_\_

**Programs are bilingual with a strong emphasis on French:** bambino: \_\_\_ casa: \_\_\_

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

extended day \_\_\_\_\_  
(9:00@3:30)

full day \_\_\_\_\_  
(8:00@4:30)

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 # \_\_\_\_\_

**Registration and tuition fees  
will be required at registration time as per the tuition  
schedule.**

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Parent's signature

Date \_\_\_\_\_

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Parent's signature

Date \_\_\_\_\_