

# Montessori Family Centre Parent-Infant Class Application Form

## TO BE COMPLETED BY ALL APPLICANTS

|                                      |                         |
|--------------------------------------|-------------------------|
| Date of Application: _____           | Applicant's Name: _____ |
| Child's Full Name: _____             | Gender: _____           |
| Child prefers to be called by: _____ | Child's DOB: _____      |

## TO BE COMPLETED BY NEW APPLICANTS ONLY

|  |                           |
|--|---------------------------|
| How did you come to know about this class? _____ |                           |
| Mother's Name: _____                             | Father's Name: _____      |
| Resides with Child? _____                        | Resides with Child? _____ |
| Address: _____                                   | Address: _____            |
| _____  | _____                     |
| Contact number: _____                            | Contact number: _____     |
| Email: _____                                     | Email: _____              |
| Occupation: _____                                | Occupation: _____         |

### Family Information:

|  |
|--|
| Does your child have any Allergies/Special dietary restrictions? No <input type="checkbox"/> Yes <input type="checkbox"/> specify: _____ Life Threatening <input type="checkbox"/> |
| Has your child had frequent ear infection? No <input type="checkbox"/> Yes <input type="checkbox"/>  |
| Has your child ever been seen by a doctor for ear infection or hearing problem? No <input type="checkbox"/> Yes <input type="checkbox"/>   |
| Siblings (Name and Age): _____   |

### Enrollment Agreement:

I understand that:

- An integral part of the Parent-Infant Program is the Parent Discussion Group, which is a parent-only event that is held occasionally in lieu of Parent-Infant Days.
- Classes have a maximum of 5 participants.
- This is merely an Application for Admission; no acceptance for enrollment is implied.
- Enrollment shall be at the sole discretion of Montessori Family Centre. Notification of acceptance will be via e-mail.
- **50% of fees paid will be refunded for withdrawal up to 7 days before the start of session once payment due date has passed.**
- **There is no refund for missed classes or for withdrawal from 6 days before the start of session.**
- **There will be a makeup class for any classes cancelled by Montessori Family Centre.**
- **I am eligible for one make up class per session where/ if available should my child miss a class for any reason.**
- The information on this form will be kept secure and confidential, in accordance with the "Freedom of Information and Protection of Privacy Act."
- To be considered complete and to be added to the waitlist, payment should accompany this application form.

***"I certify that the information I have provided on this form is correct and I understand there is no refund for missed classes or withdrawal once the session begins."***

Signed, \_\_\_\_\_

Date: \_\_\_\_\_

Please indicate which group you would like to participate.

**April 9 TO May 31, 2018**

|  | Meeting Time            | Number of classes | Tuition   |
|--|-------------------------|-------------------|-----------|
| <input type="checkbox"/> <b>Group 1 (Mon and Wed )</b> | 11:00 a.m. – 12:30 p.m. | 15 classes        | \$ 510.00 |
| <b>FULL Group 2 (Tue and Thu)</b>                      | 11:00 a.m. – 12:30 p.m. | 16 classes        | \$ 544.00 |
| <b>FULL Group 3 (Tue and Thu)</b>                      | 1:00 p.m.– 2:30 p.m.    | 16 classes        | \$ 544.00 |