

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 6 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.
- There is a one-time \$150 NON-REFUNDABLE Registration Fee due with your tuition.
- **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.

Year: **2019**

Month: January February March April May September October November December

	Meeting Time	Number of classes	Tuition
<input type="checkbox"/> Group 1 (Mon and Wed)	09:30 a.m. – 11:00 a.m.	8 classes	\$350.00
<input type="checkbox"/> Group 2 (Mon and Wed)	11:45 a.m. – 01:15 p.m.	8 classes	\$350.00