

**Brooklin Mill Montessori School Inc.**  
**Application for Enrolment**



A non-refundable administration fee of \$100 per family is required to process your application. Please make your cheque payable to Brooklin Mill Montessori School Inc. We will cash your cheque only if we are able to offer your child(ren) a placement.

Date of Application: \_\_\_\_\_ Requested Start Date in School: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ M / F ?

Date of Birth: \_\_\_\_\_ Age as of this Sept.(yr/mnth): \_\_\_\_\_

Previous Montessori Experience? No / Yes, Details: \_\_\_\_\_  
*(If yes, please indicate school & duration)*

Previous Daycare Experience? No / Yes, Details: \_\_\_\_\_  
*(If yes, please indicate caregiver & duration)*

Toilet Trained? In Progress / Yes / Not Started

Home Phone: ( ) \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Parent / Guardian Contact Information:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone & Address \_\_\_\_\_  
*(if different than above)*

Occupation \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Business Address \_\_\_\_\_

**Sibling Information:**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Please indicate requested schedule and complete fee estimates on the applicable fee schedule.**

Other Program Notes: \_\_\_\_\_

Does your child nap? No / Yes, From (time): \_\_\_\_\_ To (time): \_\_\_\_\_

Please describe any allergies, dietary restrictions, or special needs of your child:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I wish to enrol my child in Brooklin Mill Montessori School. I have disclosed any special needs of my child. I have also reviewed and agree to the School's enrolment policies.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date