



13444 Amble Wood Drive,
Surrey, B.C. V4A 6M3
PHONE 531-2124
annette@maisonmontessori.ca

Date: _____

APPLICATION FOR ADMISSION

(An application fee of \$100.00 applies if space accessible.)

_____		_____	_____
Child's full name (last – first – middle)		Birth date (d/m/y)	Sex
_____		_____	_____
Home Address	City	Postal Code	Telephone #

E-mail address: _____

_____	_____
Parent/Mother's Full Name (last – first – middle)	Parent/Father's Full Name (last – first – middle)
Cell # _____	Cell# _____

Names and ages of siblings _____

What are your child care needs? (hours/days/week) _____

Child's first language: _____ Second language: _____ Religious denomination: _____

Child's preschool/playgroup experience if any: _____

Medical Insurance plan number: _____ Dr.'s name: _____ Tel .#: _____

Allergies of Medical Conditions/Reaction/Treatment: _____

Why are you choosing Montessori for your child? _____

How did you learn of Maison Montessori? _____