



HAND IN HAND MONTESSORI PRESCHOOL

APPLICATION FOR ADMISSION

SCHOOL YEAR: _____

MALE FEMALE

Program:

2 day _____

3 day _____

4 day _____

5 day _____

Please indicated mornings (8:30-11:00 am) _____

or afternoons (12:00-2:30 pm) _____

Child's Information:

Last name	First Name	Prefers to be called
Home Address	Home Telephone	
City	Province	Postal Code
Age	Date of Birth	

Family Information:

Parent # 1 Name	Last	First
Email	Cell Phone	Occupation
Employer Name	Address	Work Phone
Parent # 2 Name	Last	First
Email	Cell Phone	Occupation
Employer Name	Address	Work Phone

Please fill in custody information we should be aware of (if any):

Other Pertinent Information:

Siblings Names and Ages

Childs First Language

Any other languages?

Medical or Emotional Issues?
