



MEDICAL INFORMATION:	
Name of Child's Physician:	Physician's Address & Telephone Number:
Immunization is attached <input type="checkbox"/> Yes <input type="checkbox"/> No Reasons, if no: _____	
Please list Child's Allergies:	
Medication required <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of the medication:
Has your child ever shown signs of Asthma or Seizure (fever-induced or other):	Does your child have any history of Communicable Diseases / other Medical Conditions?
Does your child have any special dietary/ rest/ exercise requirements?	Does your child have any special physical, cognitive/ social or emotional needs?

PARENT/GUARDIAN INFORMATION:		
	Parent 1: Mother Father Guardian (Select one)	Parent 2: Mother Father Guardian (Select one)
Title	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:
Last Name		
First Name		
Address (if different from child)		
Home Number		
Cellular Number		
Email Address		
Employer Name		
Employer Address & Work Number		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single	
Child lives with:	<input type="checkbox"/> Both Parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____	
Correspondence to be sent to:	<input type="checkbox"/> Both Parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____	



EMERGENCY CONTACT AND PICK-UP PERSONS <i>(other than parent/guardians):</i>				
Full Name	Address & Telephone	Relationship to child	Pick-Up	Emergency Contact

I/We acknowledge that:

- Sixty days' written notice, or payment in lieu of notice is required in the event of an early withdrawal from the school. Any post-dated cheques on file after that time will be returned.
- The initial deposit (last month's tuition fee & application/registration fee) presented at the time of registration, is non-refundable/transferable.
- Tuition is based on enrolment (the space reserved for the child in the class) and no credit or refund is given for illness, vacation or non-attendance.
- I give consent to receive e-mails/ electronic communication from MCH.
- I have read and understand the MCH Parent Handbook (available on the school website) containing school policies & procedures.

Name of Parent or Guardian #1: _____

Signature of Parent or Guardian: _____ Date: _____ (mm/dd/yy)

Name of Parent or Guardian #2: _____

Signature of Parent or Guardian: _____ Date: _____ (mm/dd/yy)

*Montessori Children's House welcomes children regardless of race, religion, color or creed. **THANK***

YOU FOR SELECTING MONTESSORI CHILDREN'S HOUSE

Once this application form is complete, please upload it on the website: <https://montessorichildrenhouse.ca/>

Montessori Children's House
73 Gertrude Street East, North Bay, ON P1A1K1, Tel: (705)4765156

Office use only:			
Application fee received:	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]	Date: _____
Deposit received:	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]	Date: _____
Post-Dated Cheques received:	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]	Date: _____
			Signature of Administrator: _____
			Date of Withdrawal _____ (mm/dd/yy)