



**Petite Maison Montessori**  
A CCMA Accredited School

126 O'Connor Drive, Toronto, Ont. M4K 2K7  
Tel: (416) 429-0507  
Website: [petitemaison.ca](http://petitemaison.ca)  
Email: [info@petitemaison.ca](mailto:info@petitemaison.ca)

**APPLICATION FORM**

YEAR APPLYING FOR: September 20\_\_\_\_

Name of Applicant: \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Surname Given Name Middle Name

Home Address: \_\_\_\_\_  
Number Street Name City

Province Postal Code Home Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Present Daycare: \_\_\_\_\_  
Day Month Year

**PARENTAL INFORMATION**

Status of Parents: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Name of person to be contacted if parents cannot be reached in case of emergency during hours of care:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name and Relationship to Student Address Telephone Number

**Program Preferred:**

Toddler ages 18 – 30 months	<input type="checkbox"/>	8:30 a.m. - 3:30p.m. (Toddler)	<input type="checkbox"/>	a.m. extended care (8:00 a.m. – 8:30 a.m.)
Casa 2.5 to 5 years old	<input type="checkbox"/>	8:30 am - 4:00 p.m. (Casa)	<input type="checkbox"/>	p.m. extended care (until 4:00, 4:30, 5:00, 5:30)

A \$100 NON-REFUNDABLE APPLICATION FEE PAYABLE TO PETITE MAISON MONTESSORI WILL BE COLLECTED UPON ACCEPTANCE TO OUR PROGRAM

I have read the conditions of this application including those on the reverse side of the form and agree to abide by the terms as stated. I realize that any incorrect information provided may invalidate any agreement resulting thereof. I further understand that by submitting this application, my child will be placed in the school's waiting pool and admission is not guaranteed. I will be notified when a space is available.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

Child's Family Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Child's previous history of communicable diseases: \_\_\_\_\_ Dates: \_\_\_\_\_

**Special Medical Conditions**

Allergies to: \_\_\_\_\_ Anaphylactic/EPI \_\_\_\_\_

Symptoms of child's ill health (indicate child's usual reaction to illness e.g. high temperature, vomiting, irritability, etc.)

Medical treatment drug or medication to be administered during the hours child is receiving care (written and signed instructions by parent)

Special requirements for diet rest or exercise (written and signed instructions by parent)

Any Special Needs (Physical/emotional/social) conditions we should be aware of?

**I understand the following:**

1. This application does not automatically admit the applicant to Petite Maison Montessori. Admission depends upon the number of places available, interview process, completed registration forms and payments submitted.
2. A 2 month written notice or payment equal to 2 months must be provided in advance for the withdrawal of an enrolled child or those wishing to switch to part-time after deposit has been made. NO REFUNDS will be given for retainer fee. All other fees paid up to the date of withdrawal will be pro-rated and refunded.
3. There is no refund either for illness or vacation time. Full monthly fees are applicable at all times.
4. If this application is accepted, I agree to submit a non-refundable payment (equivalent to one month's tuition fee) along with an authorization for the remaining payments on TUIO. The non-refundable payment will be used towards the last month of tuition.
5. I understand that I will also pay for all applicable food costs and that no outside food is permitted into the school unless accompanied with a doctor's note or parents special request form under the request of a doctor.
6. Parents will be responsible to provide all necessities for toileting, this includes a constant supply of diapers and wipes for all toddlers registered.
7. Official Tuition/Childcare tax receipts will be issued prior to February 28<sup>th</sup> of each year.
8. An up to date "Immunization Record" must be provided before or upon enrollment for each child enrolled and it is my responsibility to provide updated records to school administration each year of enrollment.
9. The school reserves the right to withdraw a student from the program at any time of the year if it is believed to be in the best interest of the child and/or the other children in the school or classroom. A minimum of 2 weeks notice will be provided.
10. I understand that it is my responsibility to read and comply with the policies and procedures outlined in the annual Parent Handbook. Failure to do so could result in the withdrawal of my child(ren). I will respect and adhere to the Terms of Admission and all the rules, policies and procedures outlined in the Parent Handbook given to me at the time of enrollment.

Observation / Interview date completed on \_\_\_\_\_

OFFICE USE ONLY \_\_\_\_\_  
Date of Acceptance

\_\_\_\_\_ Date of Withdrawal

Scheduled Start Date: \_\_\_\_\_ Principal's Signature \_\_\_\_\_