



**NORTH CREEK PRESCHOOL APPLICATION FOR 2017/2018 SCHOOL YEAR**

**PRESENT AGE** \_\_\_\_\_ **PREFERRED START DATE** \_\_\_\_\_

AM Preschool (Ages 2.5-4)  PM Preschool (Ages 2.5-4)  This is a Sibling Application

**Office Use Only:**  Reg.  Dep.  TC  EC/HI  Ch's  GE  
Fee \$ \_\_\_\_\_ Cheque No \_\_\_\_\_ received on \_\_\_\_\_ Accepted:  Yes  No  
Administration's Signature: \_\_\_\_\_ Wait List:  Yes  No

Place  
Child's  
Photograph  
Here

**STUDENT INFORMATION**

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Male  Female  
Usual Name, if different (Surname, First Name, Middle Name) \_\_\_\_\_  
Student's First Language \_\_\_\_\_ Other Languages \_\_\_\_\_  
Date of Birth d \_\_\_\_\_ m \_\_\_\_\_ y \_\_\_\_\_ Place of Birth \_\_\_\_\_  
**Current School** \_\_\_\_\_ Telephone \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN INFORMATION** *Non-Canadians must submit proof of Landed Immigrant status with application.*

Dr./Mr./Mrs./Ms. \_\_\_\_\_ Citizenship \_\_\_\_\_  
Home Address \_\_\_\_\_ Province \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_  
Fax \_\_\_\_\_ Cellular \_\_\_\_\_ Email \_\_\_\_\_  
Occupation and Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Cellular \_\_\_\_\_ E-mail \_\_\_\_\_  
Please Indicate :A)  I am a Canadian Citizen B)  a Landed Immigrant or C)  Other (Explain) \_\_\_\_\_

**AND**  
Dr./Mr./Mrs./Ms. \_\_\_\_\_ Citizenship \_\_\_\_\_  
Home Address \_\_\_\_\_ Province \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_  
Fax \_\_\_\_\_ Cellular \_\_\_\_\_ Email \_\_\_\_\_  
Occupation and Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Cellular \_\_\_\_\_ E-mail \_\_\_\_\_  
Please Indicate: A)  I am a Canadian Citizen B)  a Landed Immigrant or C)  Other (Explain) \_\_\_\_\_

**Please check all that apply:**

Mother Deceased  Father Deceased  Single Parent  Parents Separated  Parents Divorced

**Please indicate with whom student lives with:**

Both Parents  Mother Only  Father Only  Legal Guardian

**Correspondence should be sent to:**

Both Parents  Mother Only  Father Only  Legal Guardian

Mailing Address (if different from home information):  
\_\_\_\_\_

**HEALTH INFORMATION**

**In case of emergency, the parents/legal guardians listed on Page 1 will be contacted first. If the parents/legal guardians cannot be reached, please contact:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
DOCTOR Name \_\_\_\_\_ Telephone \_\_\_\_\_  
DENTIST Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Other Health Professionals involved with your child \_\_\_\_\_  
Medical Insurance Number \_\_\_\_\_ Date Effective \_\_\_\_\_

**Siblings (Attach a separate sheet with information, if necessary.)**

1) Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_  
School \_\_\_\_\_ Telephone \_\_\_\_\_  
2) Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_  
School \_\_\_\_\_ Telephone \_\_\_\_\_

Please indicate all pertinent information concerning your child’s health and educational concerns, extra-curricular activities, hobbies, etc. (Attach a separate sheet with information, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_

**PRESCHOOL TUITION (AGES 2.5 – 4): \$6000 PER ANNUM | 1<sup>ST</sup> SIBLING: 5% DISCOUNT | 2<sup>ND</sup> SIBLING: 10% DISCOUNT**

**OPTIONAL PRE-SCHOOL LANGUAGE PROGRAM ENROLLMENT (11:45AM - 12:45PM)**

\$75.00 per language per month  French  Mandarin

**ADMISSIONS AGREEMENT**

**All information included in this application is true and correct. Further, I have read the following and understand that:**

- 1) This application does not automatically admit the candidate to the School. Availability of spaces, balance in gender and age is considered. Interviews with children may be taken into consideration.
- 2) All medical information and a photocopy of the applicant’s birth certificate must be forwarded before a student is admitted.
- 3) Should this application be accepted, the student and parents or guardians agree to support the rules and values of the School.
- 4) All fees are payable in advance. Upon acceptance, I agree to pay the applicable registration and tuition fee and abide by the billing options outlined in the enrollment contract.
- 5) Enrollment is for the full academic year. Financial commitment is for the full year regardless of whether a family chooses to withdraw prior to the end of the school year or not. All fees are non-refundable. Fees not paid on time are subject to a \$100 penalty per term, plus interest.
- 6) It is agreed that the school reserves the right to terminate the student's enrollment at the school if, in the opinion of the Board of Directors deem that the presence of such student and/or family is not in the best interest of the School.

**Person Responsible for Tuition (if different from Parent(s) or Legal Guardian):**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

**I have enclosed the following: (Please Check)**

- \$100 Registration fee (non-refundable)
- Proof of Landed Immigrant Status (if Non-Canadian)
- Recent Photograph of Applicant
- Photocopy of Applicant’s Birth Certificate

**Full disclosure of all information is expected. Failure to do so could result in the withdrawal of an offer of admission. Registration fee cheque should be written out to the school location for which you are seeking to register your child.**

I have read and understand the terms of this application, the methods of payment, and I hereby agree to all the terms and conditions stated therein.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## BACKGROUND INFORMATION QUESTIONS

Student's Full Name \_\_\_\_\_ AGE \_\_\_\_\_

Do you have any specific academic or social goals in mind for your child regarding school in the next few years?

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Please list your child`s favourite activities. (i.e. music, sports, etc.)?

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What activities do you do together as a family?

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What activities does your child enjoy in his/her free time?

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Does your family choose not to celebrate any traditional holidays (Halloween, Christmas, Easter)?

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Are there any special religious or traditional celebrations your family recognizes that the school should be aware?

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What form of discipline do you use with your child?

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Does your child have any special learning, behavioural or physical difficulties? Please explain.

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Is there anything else you would like to tell us about your child?

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In order for a child to reach his/her fullest potential and optimum development, he/she should begin the Montessori program at 3 years of age and remain for the full three years (3-6 and/or 6-9 and/or 9-12). Is it your intention for your child to stay with our program until he/she finished the Kindergarten year (and perhaps beyond)?  Yes  No

What knowledge do you have about the Montessori philosophy and method? Have you read any books regarding her philosophy and method?

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