



Royal Blue Heron Montessori Academy

10111 4th Avenue, Richmond, BC V7E 1V5 • Tel: (604) 232-9001

Administration: 11320 Seaford Road, Richmond, BC V7A 3K7 • Tel: (604) 307-9617

Application

Applying for year Commencing September _____

Class Applying For: Pre-School (age 3 - 6)

Child

First

Middle

Last

Name the child likes to be called

Male

Birthdate

Age (year, month)

Place of Birth

Female

Citizenship

Languages Spoken

Previous School Experience

Date Begun

Date Concluded

Montessori Pre-School

Other School

Mother

Name

Address

Postal Code

Phone

Citizenship

Occupation

Email Address

Business Phone

Cell Phone

Father

Name

Address

Postal Code

Phone

Citizenship

Occupation

Email Address

Business Phone

Cell Phone

Brothers & Sisters

Name

Date of Birth

Grandparents

Name & Address

Child's Name: _____



Health

Does your child have any special needs which the school should know about?

Child's Medical Number _____

Doctor's Name _____

Dentist's Name _____

Address _____

Address _____

Phone _____

Phone _____

Special Diet _____

Allergies _____

Restrictions _____

Impairments _____

Medication on a regular basis _____

Which activities can your child handle?

Dressing

Toileting

Washing

Picking Up

Why do you wish your child to attend a Montessori Pre-School?

What programs has your child previously been enrolled in?

Was this satisfactory for your child and for you?

Date you wish your child to commence school: _____

Class Preference: Morning

Afternoon

4-Day (Monday to Thursday)

5-Day (Monday to Friday)

Please complete and return this application. Your child's name does not go on file until this form is received. The school reserves the right to accept or reject any application.

Date

Signature

Date

Signature