

Victoria Montessori Preschool 323 Skinner St.. Victoria, BC, V9A 3B5 250.380.0534 victoriamontessori@shaw.ca

Signature of Parents______ Date__

Application for Enrollment

Children to be waitlisted							
Last name	First name		Date of Birth (YY/MM/DD)		Male □	Female □	
Last name	First name		Date of Birth (YY/MM/DD)		Male	Female □	
Last name	First name		Date of Birth (YY/MM/DD)		Male	Female □	
Sibling has attended Victoria Montessori: If YES, sibling's name and year(s) when attended:							
Parent Information							
Last name			First name				
Home Phone		Cell Phone	E-mail		_		
Parent Information							
Last name			First name				
Home Phone		Cell Phone		E-mail	3-mail		
Program Information (Please indicate Preference)							
I would like my child(ren) to be on the waitlist for the School Year							
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Where did you hear about Victoria Montessori? □ Website □ Island Parent □ Kids in Victoria □ Relatives/Friends							
Please note that we are not a peanut free Preschool.							
Please complete this form and e-mail with an e-transfer of \$75.00 (this fee is not refundable) to victoriamontessori@shaw.ca. We will e-mail you an invitation to our next Open House.							
Please note you are responsible for informing the school of any changes in the above information.							
Thank you							
Notice of collection of personal information The personal information collected on this form is required in order for the school to contact you should a space become available for your child at Victoria Montessori. By submitting this form you are consenting to this collection of personal information and to the use and disclosure of this information for this purpose.							