



Victoria Montessori Preschool  
 323 Skinner St..  
 Victoria, BC, V9A 3B5  
 250.380.0534  
[victoriamontessori@shaw.ca](mailto:victoriamontessori@shaw.ca)

## Application for Enrollment

### Children to be waitlisted

Last name	First name	Date of Birth (YY/MM/DD)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Last name	First name	Date of Birth (YY/MM/DD)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Last name	First name	Date of Birth (YY/MM/DD)	Male <input type="checkbox"/> Female <input type="checkbox"/>
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	

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Last name		First name	
Home Phone	Cell Phone	E-mail	

### Program Information (Please indicate Preference)

I would like my child(ren) to be on the waitlist for the School Year _____ <input type="checkbox"/> 8:00am – 3:00pm <input checked="" type="checkbox"/> 8:00am – 5:00pm <input type="checkbox"/> Monday – Friday <input type="checkbox"/> Part time (please indicate preferred days, minimum 3 days) _____
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Where did you hear about Victoria Montessori? <input type="checkbox"/> Website <input type="checkbox"/> Island Parent <input type="checkbox"/> Kids in Victoria <input type="checkbox"/> Relatives/Friends
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**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.

Signature of Parents \_\_\_\_\_ Date \_\_\_\_\_