

**Queensway West Montessori School**

930 Watson St.

Ottawa, On.

K2B 6B9

**Application For Admission**

**2009/10**

Student's Last Name:	
Student's First Name:	
Address:	
Home Phone Number:	Date of Birth:
Child lives with: Parents ____ Mother ____ Father ____ Other ____	
Primary Language:	Secondary Language:
Program Hours: Half Day ____ Full Day ____ Extended Hours ____	
Mother's Name:	
Work Place and Address:	Work Phone Number:
Mother's E-mail:	Cell Number:
Home Address and Phone Number: (If different from above)	
Father's Name:	
Work Place and Address:	Work Phone Number:
Father's E-Mail:	Cell Number:
Home Address and Phone Number: (If different from above)	

**Child Transportation Arrangements: (please specify who may pick up your child)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Medical Information:**

OHIP Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies: (Please describe) \_\_\_\_\_

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

Does your child have any major disease? (Please describe) \_\_\_\_\_

\_\_\_\_\_

We authorize the Queensway West Montessori School to seek Emergency Medical Treatment and transport your child to a hospital if needed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

**Emergency Information: (Please specify two people to be contacted in case of emergency)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

By signing this form, we as guardians, confirm that the above information is correct. This form must be signed by both parents/guardians. If there is only one signature, supporting documentation of sole custody must be attached.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

**Office Use:**

**Start Date:** \_\_\_\_\_

**Withdrawal Date:** \_\_\_\_\_