new student admission application

COLLEGE OAK
MONTESSORI SCHOOL

Child's Name _____ Today's Date _____

Is your child a girl or boy? _____ Date of Birth _____

Please indicate class, days and times you would like your child to attend.
For Primary classes, indicate 1st and 2nd choice on line after teacher's name.

❑ Primary Prep (Jeanne) ❑ Primary 2 (Jeannette)_____

❑ Primary 1 (Jerry)_____ ❑ Primary 3 (Michelle)_____

Please circle days desired Monday Tuesday Wednesday Thursday Friday

School Day Schedule
❑ Full Day (9 am - 3 pm)
❑ Half-day (9 am - 12 pm)
❑ Half-day (12 pm - 3 pm)

Extended Care Options
❑ AM "Early Bird Club" (7 - 9 am)
❑ PM "3 to 6 Club" (3 - 6 pm)
❑ AM & PM extended care combined

If part-time schedule, are you flexible on days? ❑ Yes ❑ No

Expected drop off and pick up times _____ to _____

When would you like your child to start at College Oak? ❑ summer ❑ fall ❑ start date __/__/__

Does your child nap? ❑ Yes ❑ No Is your child toilet trained? ❑ Yes ❑ No

Do you have any concerns regarding your child attending school? _____

Has your child attended school or daycare before? If yes, which one? _____

Parent Name _____ Home or cell phone_____

Parent Name _____ Home or cell phone _____

Home Address_____
street city zip

Email Address _____

How did you hear about College Oak? _____

Parent/Guardian Signature _____ Date _____

For office use only

Date received _____	Deposit rec'd _____	Enrollment fee recv'd_____
Date toured _____	Class list _____	Accounting _____
Admission pkt. _____	Emergency _____	Wait List _____

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