

# Montessori Preschool of Redwood Meadows-Bragg Creek

## APPLICATION FOR REGISTRATION COMMENCING SEPTEMBER 20\_\_

Full legal name of child: \_\_\_\_\_

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

Street/PO Box No.

City

Postal Code

Telephone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Day/Month/Year

as of September 20\_\_

Name of Last School Attended: \_\_\_\_\_

Names/Ages of Siblings: \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Street/PO Box

City

Postal Code

Telephone

Father's Address: \_\_\_\_\_

Street/PO Box

City

Postal Code

Telephone

Business Address \_\_\_\_\_

mother

Business Phone

father

Business Phone

Local emergency contact (other than above) Continue on back if necessary.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Telephone: \_\_\_\_\_

It is understood that staff will release children only to those for whom the school has received written authorization.

Those authorized to pick up your child from school are: (continue on back if necessary)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Registration for: 5 day \_\_\_\_\_ 3 day \_\_\_\_\_ morning \_\_\_\_\_ afternoon \_\_\_\_\_

Please remit \$45 with application. Make cheque payable to Montessori Preschool of Redwood Meadows-Bragg Creek (nonrefundable deposit)

Signature of Parent/Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_

Date received by Montessori Preschool:

Montessori Preschool of Redwood Meadows-Bragg Creek #1G Manyhorses Drive, Redwood Meadows, Alberta T3Z 1A4  
403-701-4840