

# APPLICATION FORM – SUMMER PROGRAM

Toddler Program (18 Months – 3 Years)

Casa Program (3 Years - 6 Years)

Hours: 8:30am – 3:30pm

Pre-Care: 8:00am – 8:30am

After-Care: 3:30pm – 5:00pm



1551 LAPERRIERE AVE  
OTTAWA, ONTARIO K1Z 7T2  
TELEPHONE 613-729-3300  
E-MAIL [shona@firstjourney.ca](mailto:shona@firstjourney.ca)

This application is for admission into the First Journey Montessori Summer Program. The 2019 summer program begins July 2<sup>nd</sup> and continues through to August 23<sup>rd</sup> at five days per week. This excludes holidays and professional development days.

First Journey Montessori will offer two plans, Extended Care and the Meal Plan. The Extended Care program will be offered from 8:00am – 8:30am and 3:30pm – 5:00pm at five days per week. Both plans are available at additional costs. The Meal Plan is mandatory for the Toddler (18 months – 3 years) and Casa (3 years – 6 years) program. A minimum of 4-6 weeks is required to secure a spot in our summer program.

This application must be fully completed and submitted to First Journey Montessori with a cheque for the non-refundable \$150.00 Registration Fee (*first time applicants only*). All monthly payments (July and August), including any added plans, can be made with post-dated cheques or with a single lump-sum payment. Please make cheques payable to First Journey Montessori Inc.

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CHILD'S NAME

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STREET ADDRESS

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CITY PROVINCE POSTAL CODE

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HOME PHONE NUMBER

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DATE & YEAR OF BIRTH

<b>PARENT OR GUARDIAN</b>		<b>MOTHER OR GUARDIAN</b>	<b>FATHER OR GUARDIAN</b>
	NAME		
	ADDRESS		
	HOME PHONE		
	OFFICE PHONE		
	MOBILE OR PAGER		
	WORKPLACE ADDRESS		
	E-MAIL ADDRESS		

<b>EMERGENCY CONTACT</b>		<b>ADULT #1</b>	<b>ADULT #2</b>
	NAME		
	HOME PHONE		
	OFFICE PHONE		
	MOBILE OR PAGER		
	WORKPLACE ADDRESS		
	E-MAIL ADDRESS		

\*N/A if not applicable

# ADDITIONAL INFORMATION

Toddler Program (18 Months – 3 Years)

Casa Program (3 Years – 6 Years)

Hours Hours: 8:30am – 3:30pm

Pre-Care: 8:00am – 8:30am

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<b>MEDICAL INFO</b>	HEALTH CARD #	
	KNOWN ALLERGIES	
	MEDICATIONS	
	INDICATE ANY CHRONIC OR RECURRING ILLNESSES	
	SUPPLY COPY OF IMMUNIZATION RECORDS	
<b>PHYSICIAN</b>	NAME	
	ADDRESS	
	PHONE	

\*N/A if not applicable

## ATTENDANCE OPTION

*Place a check mark next to the options you want included.*

Full-time 8:30 – 3:30 \_\_\_\_  
Meal Plan (*mandatory*)  
Extended AM (*pre-care*) 8:00 – 8:30 \_\_\_\_  
Extended PM (*after-care*) 3:30 – 5:00 \_\_\_\_

Payment Plan: Option 1: Monthly \_\_\_\_ Option 2: Lump-Sum \_\_\_\_

<b>DECLARATION</b>	I hereby certify that all registration and medical information regarding this child is, to the best of my knowledge and ability, true and accurate		
	PARENT / GUARDIAN SIGNATURE	#1	DATE
	PARENT / GUARDIAN SIGNATURE	#2	DATE
	ADMISSIONS DATE (when will your child be starting school)		DEPARTURE (office use only)

- First time applications must be accompanied with a non-refundable \$150.00 fee.
- The Meal Plan and Extended Care programs come at additional costs.
- If you remove your child after a monthly payment has been cashed, this payment will not be refunded.
- This application will not be accepted without the required up-front and post-dated cheques, as well as any necessary paperwork.