

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

This application is for admission into the First Journey Montessori Summer Program. The 2018 summer program begins July 3rd and continues through to August 24th 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 cheque payable to First Journey Montessori Inc.

CHILD'S NAME

STREET ADDRESS

CITY PROVINCE POSTAL CODE

HOME PHONE NUMBER

DATE & YEAR OF BIRTH

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

EMERGENCY CONTACT	ADULT #1	ADULT #2
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)

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MEDICAL INFO	HEALTH CARD #	
	KNOWN ALLERGIES	
	MEDICATIONS	
	INDICATE ANY CHRONIC OR RECURRING ILLNESSES	
	SUPPLY COPY OF IMMUNIZATION RECORDS	
PHYSICIAN	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

DECLARATION	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.