

APPLICATION FORM

Toddler Program (18 Months – 3 Years)

Casa Program (3 Years - 6 Years)

Hours: 8:30am – 3:30pm

Pre-Care: 7:30am – 8:30am

After-Care: 3:30pm – 5:30pm



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 Toddler or Casa Program. The 2018-2019 academic school year begins September 4th, 2018 and continues through to June 21st, 2019 at five days per week. This excludes holidays and professional development days.

First Journey Montessori will offer two plans, the Extended Care program and the Meal Plan. The Extended Care program will be offered from 7:30am – 8:30am and 3:30pm – 5:30pm at five days per week. Both plans are available at additional costs. The Meal Plan is mandatory for both the Toddler and Casa program.

This application must be fully completed and submitted to First Journey Montessori with cheque(s) for the \$150.00 Registration Fee (*first time applicants only*) and the January 2019 and June 2019 tuition fee, which is your enrolment fee (both payments are non-refundable and non-transferable, **no exceptions**). All additional monthly payments (Sept – Dec, Feb – May), including any added plans, can be made with post-dated cheques or with a single lump-sum payment (see payment plan for details). Please make cheques 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 PHONE		
WORKPLACE ADDRESS		
E-MAIL ADDRESS		

EMERGENCY CONTACT	ADULT #1	ADULT #2
NAME		
HOME PHONE		
OFFICE PHONE		
MOBILE PHONE		
WORKPLACE ADDRESS		
E-MAIL ADDRESS		

*N/A if not applicable

ADDITIONAL INFORMATION

Toddler Program (18 Months – 3 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-day 8:30 – 3:30

Meal Plan (mandatory)

Extended AM (pre-care) 7:30 – 8:30

Extended PM (after-care) 3:30 – 5:30

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 start school)		DEPARTURE (office use only)

- First time applications must be accompanied with a non-refundable \$150.00 fee.
- Two months' notice is required if the child is withdrawn from the program within the school year.
- If you remove your child after a monthly payment has been made, 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.