



School Application Form

Please complete this form and return it to the Oakridge Montessori Children's Learning Centre. Please indicate the programs you are interested in and your program preferences (i.e. 1st, 2nd, etc.) if you are interested in more than one. Please review the application process on the second page. If you have any questions, please feel free to call our office at 604-263-1686, email us at oakridgemonessori@shaw.ca or visit our website at <http://www.oakridgemonessori.com>

STUDENT INFORMATION

CHILD'S LEGAL NAME		GENDER <input type="checkbox"/> M <input type="checkbox"/> F		STARTING DATE:	
DATE OF BIRTH		BIRTHPLACE		CITIZENSHIP	
HOW DID YOU HEAR ABOUT OAKRIDGE MONTESSORI SCHOOL?					
NAME OF SIBLING		AGE	CURRENT SCHOOL		
NAME OF SIBLING		AGE	CURRENT SCHOOL		
PRIMARY LANGUAGE AT HOME			SECONDARY LANGUAGE AT HOME		

FAMILY INFORMATION

CORRESPONDENCE SENT TO: BOTH PARENTS FATHER MOTHER

PARENT (GUARDIAN) INFORMATION

PARENT (GUARDIAN) NAME			GENDER <input type="checkbox"/> M <input type="checkbox"/> F		
ADDRESS			POSTAL CODE		
HOME PHONE	CELLULAR	FAX		E-MAIL ADDRESS	
OCCUPATION		BUSINESS PHONE		BUSINESS/COMPANY NAME	

PARENT (GUARDIAN) INFORMATION

PARENT (GUARDIAN) NAME			GENDER <input type="checkbox"/> M <input type="checkbox"/> F		
ADDRESS			POSTAL CODE		
HOME PHONE	CELLULAR	FAX		E-MAIL ADDRESS	
OCCUPATION		BUSINESS PHONE		BUSINESS/COMPANY NAME	
PROGRAMS OFFERED		TIMES		YOUR CHOICE (S)	

Preschool Morning	8:00 am – 10:30 am (Mon -Thurs)	<input type="checkbox"/> AM
Preschool Mid-Morning	11:00 am – 1:30 pm (Mon -Thurs)	<input type="checkbox"/> AM – PM
Preschool Afternoon	2:00 pm – 4:30 pm (Mon - Thurs)	<input type="checkbox"/> PM
Kindergarten Morning	8:00 am – 10:30 am (Mon - Thurs)	<input type="checkbox"/> AM
Kindergarten Afternoon	2:00 pm – 5:00 pm (Mon - Thurs)	<input type="checkbox"/> PM
Kindergarten Extended	8:00 am – 2:00 pm (Mon - Thurs)	<input type="checkbox"/> Extended
Kindergarten Morning and Afternoon	8:00 am – 11:00 am (Fri)	

OAKRIDGE MONTESSORI PHILOSOPHY

Our passion is working with children in a nurtured environment that provides a vibrant, enriching and unique learning experience that develops in them a life-long love of learning. Oakridge Montessori Children’s Learning Centre strives to enrich the child’s learning experience by giving its children the freedom to learn as individuals, as well as working together as a community. Our solid Montessori educational foundation allows children the liberty to indulge in their interests and to grow into respectful, responsible and confident individuals.

APPLICATION PROCESSING FEE:

STEP ONE: PLEASE DOWN LOAD AN APPLICATION FORM AND MAIL IN TO:

OAKRIDGE MONTESSORI CHILDREN’S LEARNING CENTRE

- o \$25.00 FOR PROCESSING FEE.
- o Recent photograph
- o 1 letter of reference

We will contact you once we have received your information and arrange a time for an orientation to our school.

STEP TWO: Upon acceptance, I agree to pay the ANNUAL NON-REFUNDABLE FEE of \$500.00 TO SECURE AVAILABLE SPACE.

An application to our program does not guarantee acceptance. Age is only one factor for admission to each program. First and foremost, developmental readiness is assessed, as well as, space availability and classroom dynamics. The goal of the admission process is to ensure a good match between your family’s values, the goals you’ve set for your child, and those of Oakridge Montessori Children’s Learning Center. Once your application and fee have been received and processed, your child will be placed on the waitlist. Parent interviews will be held in September-January and acceptance letters sent in March. At the time of acceptance into the school, we require post dated cheques, dated for the first of every month and we also do require the June tuition fee, which is held as a deposit to secure the space for your child.

Please note that the Application Deadline is December 15.

I have read the following and understand:

SIGNATURE: _____ **APPLICATION DATE:** _____

<u>OFFICE NOTES:</u>

FOR OFFICE USE ONLY

DATE RECEIVED _____ DATE INTERVIEWED _____
DATE CONTACTED _____ DATE REGISTRATION COMPLETED _____
REGISTRATION FEE RECEIVED _____ (cheque/cash)