

Child's Name: (Last / first / middle)	
Date of Birth: (day / month / year)	Gender: Male □ Female □
Preferred Starting Date: (month / year)	Age at Starting Date: (years / months)
Please indicate which class you prefer to register your child for:	
2.5 Hour Morning class from 9am to 11:30 am   2.5 Hour Afternoon class from 1:00 to 3:30pm	
4 Hour Morning class from 8:45am - 12:45pm	4 Hour Afternoon class from 11:30am to 3:30pm $\Box$
6 Hour FULL Day class from 9:00am - 3:00pm □	
*Notes: A child may be accepted into the program at the age of 2 years, 8 months and must be three years old on December 31st of the	
year of entrance. Will this child be three years old by this date? Yes $\Box$ No $\Box$	
As of the date of this application, is your child potty-trained? Yes $\Box$ No $\Box$	
Address: (street / city / province / postal code)	
Telephone:	Email:
Mother's Name:	Father's Name:
Place of Employment:	Place of Employment:
Work telephone:	Work telephone:
Cell:	Cell:
Email:	Email:
Siblings (1): (name / age)	(2) (name / age)
★ Please note: Please enclose a \$100.00 non-refundable fee in the form of cash or cheque with your registration form.  Cheques are made payable to Tiddlycove Montessori School Society  The school reserves the right to accept or reject any application.  The registration fee will be refunded if the school is unable to provide your child with a space or if your application is refused.	
Signature of parent or guardian: Print nam	Date: (day / month / year)
★thank you for your registration ★	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Office Use:	Registered by:
Date and time form received:	Age at December 31 <sup>st</sup> :
Registration fee: cash 🔲 cheque 🔲	Sibling:
Database entered: yes 🗆 no 🗆	Date acknowledgement letter sent: (day / month / year)
Notes:	

Child Orientation Questionnaire	
Languages spoken at home:	
Has your child had previous preschool experience? Yes $\square$ No $\square$	
If yes, for how long and where?	
What is your child's favorite activity?	
What is your child's favorite activity?	
Describe your child's socialization skills? (strengths / challenges)	
Describe your critics socialization skins? (strengths / challenges)	
Describe your child's academic skills? (strengths / challenges)	
Describe your critics academic skins, (strengths / challenges)	
What else would you like for us to know about your child? (temperament, eating habits, allergies, birth history,	
fears etc?)	
What would you like to see your child experience or accomplish this year at school?	