

Registration Form

Child's Name: (Last / first / middle)		
Date of Birth: (day / month / year)	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Preferred Starting Date: (month / year)	Age at Starting Date: (years / months)	
Please indicate which class you prefer to register your child for: Morning classes run from 9am to 11:30 am: <input type="checkbox"/> Afternoon classes run from 12:45 to 3:15pm <input type="checkbox"/>		
★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 31 st of the year of entrance. Will this child be three years old by this date? Yes <input type="checkbox"/> No <input type="checkbox"/> As of the date of this application, is your child potty-trained? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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 name:	Date: (day / month / year)

★thank you for your registration ★

Office Use:	Registered by:
Date and time form received:	Age at December 31 st :
Registration fee: cash <input type="checkbox"/> cheque <input type="checkbox"/>	Sibling:
Database entered: yes <input type="checkbox"/> no <input type="checkbox"/>	Date acknowledgement letter sent: (day / month / year)
Notes:	

Child Orientation Questionnaire

Languages spoken at home:

Has your child had previous preschool experience? Yes No
If yes, for how long and where?

What is your child's favorite activity?

Describe your child's socialization skills? (strengths / challenges)

Describe your child's academic skills? (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?

★ thank you ★