

LAKESIDE MONTESSORI SCHOOL

EST. 1986

Part A: Student Information **Class:** _____ **Year:** _____

Last, First Name: _____ Home Phone #: _____

Home Address: _____ City: _____ Postal Code: _____

Birth Date: _____ Religion: _____

Doctor: _____ Address: _____ Phone#: _____

Special Needs (important information regarding your child): _____

Part B: Parent Information

Father's Last, First Name: _____ Home Address: _____

Employer: _____ Employer Address: _____

Home #: _____ Work#: _____ ext. ___ Cell#: _____

Email: _____

Mother's Last, First Name: _____ Home Address: _____

Employer: _____ Employer Address: _____

Home #: _____ Work#: _____ ext. ___ Cell#: _____

Email: _____

Part C: Emergency Contact

(list in order, names of persons to be called in an emergency situation, excluding parents)

Last, First Name: _____ Home Address: _____

Employer: _____ Employer Address: _____

Home #: _____ Work#: _____ ext. ___ Cell#: _____

Email: _____

Last, First Name: _____ Home Address: _____

Employer: _____ Employer Address: _____

Home #: _____ Work#: _____ ext. ___ Cell#: _____

Email: _____

Part D: Release Information (names of persons to whom the child may be released)

Last, First Name: _____ Relationship: _____ Contact#: _____

Last, First Name: _____ Relationship: _____ Contact#: _____

Last, First Name: _____ Relationship: _____ Contact#: _____

I will contact the School Office immediately if any of the above information changes. I certify that all this information is correct.

Signature: _____ Date: _____

Internal Use ONLY:

Admission Date: _____ Tuition Details: _____ Program: _____ L ___ BS ___ AS ___

Deposit: YES ___ NO ___ Chq# _____ Date: _____ Allergies: _____

Communicable Diseases: _____ Medical History / Needs: _____

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