



**APPLICATION FOR ADMISSION - CASA PROGRAM 2009-2010**

**CHILD'S INFORMATION**

**Child's Name**

\_\_\_\_\_ Last Middle First

**Gender**     Boy     Girl

**ADDRESS**

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Birth date (DD/MM/YY):** \_\_\_\_\_

**Languages spoken at home:** \_\_\_\_\_

**Status of Parents:**  Married  Separated  Divorced  Single  Widowed

Sibling's Name	Age	Gender	School

## CONTACT INFORMATION

### Mother/Female Guardian:

Name: \_\_\_\_\_

Address: *(If different than above):*

Street \_\_\_\_\_

City/Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Pager \_\_\_\_\_

Email \_\_\_\_\_

### Father/Male Guardian:

Name: \_\_\_\_\_

Address: *(If different than above)*

Street \_\_\_\_\_

City/Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Pager \_\_\_\_\_

Email \_\_\_\_\_

## EMERGENCY CONTACTS

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

## AUTHORIZED PICK-UP (*other than parents*)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

## CHILD SPECIFICS

Health Card Number: \_\_\_\_\_

Doctor's Name/Phone number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary restrictions (allergies/religious): \_\_\_\_\_

## HEALTH (Please list any pertinent health needs or conditions)

Is there any significant medical history of which we should be aware such as lengthy illness, vision/hearing problems?

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Have there been any diagnostic evaluations (educational or psychological) completed for your child?

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Medications (Please list name of medication and reason)

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## Other relevant information

### ***Getting to know your family and your child***

What are your immediate goals for your child?

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Describe your child's social style in terms of his/her relationship to others (peers, adults, and family) in new settings and in familiar situations.

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Please give us a snapshot of what your child's daily life is like outside of the time he/she would be at school (list classes, activities, playtime, favorite games, bed times).

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Do you have any special talents, background, resources or interests that you would like to share to enhance the Lyrical Baby Montessori School community?

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**ATTENDANCE OPTION (please indicate)**

Full day 8:30AM – 3:30PM \$140/week	
Half day mornings only 8:30AM – 12:50PM(lunch time included) \$80/week	
Half day afternoons only 12:50PM – 3:30PM \$80/week	
Part-time mornings (M, T, W or W, TH, F) \$55/week	
Extended AM (before school care) 7:30AM – 8:30AM \$15/week	
Extended PM (after school care) 3:30PM – 5:30PM \$15/week	

## SIGNATURES

\_\_\_\_\_  
Mother/Female Guardian

\_\_\_\_\_  
Father/Male Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Payment Plan:** Option A: weekly \_\_\_ Option B: over 10 months \_\_\_

Desired Start Date: \_\_\_\_\_

Child's Current School Duration: \_\_\_\_\_

Previous School's Duration: \_\_\_\_\_

Has your child had any Montessori experience: \_\_\_\_\_

How did you hear about LBMS? \_\_\_\_\_

- Please enclose a non-refundable application fee of \$30 and return this form to Lyrical Baby Montessori School. Mailing address: PO Box 70004 Brampton ON L7A 0N0.
- Children must be toilet-trained or have begun training prior to enrolling.
- Priority is given to full-time students.
- One month's deposit is due upon enrollment.
- Weekly payments are due at the start of each week.
- A \$25 administration fee will be charged on any NSF items.

### Interviews

If possible, both parents should be interviewed, as Montessori education is best carried out when parents understand and cooperate with the long-term program Montessori education requires. The following questions are among those to be addressed:

- Do you have a basic attitude toward the child and his or her potential which is compatible with Montessori education?
- Do you have the interest and financial resources to maintain your child in the program for an appropriate length of time? For instance, three years in the preschool program is an optimum time to receive the full benefit of early Montessori education. Interviews will be scheduled as soon as possible after requests are received.

### Decisions on Admission

All decisions on admission will be in writing and parents will be notified approximately 14 days after the interview. Decisions concerning admission will be final.