

Please complete this form and return to the Pacific Montessori Society. Please be sure to provide your email address.

PARENT (GUARDIAN) INFORMATION

PARENT (GUARDIAN'S) NAME <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
ADDRESS			POSTAL CODE
HOME PHONE	CELLULAR PHONE	FAX	E-MAIL ADDRESS
OCCUPATION	BUSINESS/COMPANY NAME		BUSINESS PHONE

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CHILDREN TO BE WAITLISTED

LAST NAME	FIRST NAME	DATE OF BIRTH (YY/MM/DD)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
LAST NAME	FIRST NAME	DATE OF BIRTH (YY/MM/DD)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
LAST NAME	FIRST NAME	DATE OF BIRTH (YY/MM/DD)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
WHERE DID YOU HEAR ABOUT SELKIRK MONTESSORI SCHOOL?			
<input type="checkbox"/> WEBSITE <input type="checkbox"/> ISLAND PARENT <input type="checkbox"/> YELLOW PAGES <input type="checkbox"/> RELATIVES/FRIENDS			

CHECKLIST

I WOULD LIKE MY CHILD (REN) TO BE ON THE WAITLIST. I AM ENCLOSING THE \$50.00 NON-REFUNDABLE FEE.

I would like my child(ren) to be waitlisted for:

Kindergarten/Preschool (3-5 yr. olds) (8:50 am – 11:30 am) _____ Kindergarten/Preschool (3-5 yr. olds) PM (12:20 p.m.-3:00 pm) _____

Kindergarten/Preschool AM & Casa PM (8:50 am – 3:00 pm) _____ Kindergarten/Preschool PM & Casa AM (8:50 am – 3:00 pm) _____

Elementary Levels 1 – 8 (8:45 am – 3:15) pm _____

PLEASE CALL ME TO SET UP A TOUR OF YOUR FACILITY.

YES! I HAVE TAKEN THE TOUR OF YOUR FACILITY.

OFFICE USE ONLY

DATE REC'D: _____ WAITLIST FEE: _____ (chq/cash) EMAIL POSTED: _____