



MALVERN MONTESSORI SCHOOL

10, Sewells Road, Scarborough, Ontario M1B 3G5
 Telephone: (416) 724-8900

APPLICATION FOR ENROLMENT

Child's Name:		Date of Birth		
Last Name:	First Name:	Year:	Month:	Day:
Home Address:				
Parents Name:				
Home Address:		Work Address:		
Cell/Page#:	Home Phone:	Work Phone:	Extension:	
Parents Name:				
Home Address:		Work Address:		
Cell/Page#:	Home Phone:	Work Phone:	Extension:	
Name of Person to be contacted in case of emergency:				
Address:		Phone:		
Name of person to whom the child may be released to:				

Child's family physician:

Address:

Phone:

Child's Ontario Health Card#:

Child's Allergies:

Child's previous history of communicable diseases (e.g. Chicken Pox etc.)

Symptoms of Child's ill health (indicate child's usual reaction to illness e.g. high temperature, flushing, vomiting, irritability etc.)

Record of Immunization.

You may provide the school with a copy of your child's immunization record:

	DATE	DATE OF BOOSTER
Diphtheria		
Pertussis		
Tetanus		
Polio		
Rubella		
Mumps		
Measles		
Other		

Medical Treatment/drug/medication to be administered during hours the child is received care:

(written and signed instructions must be provided by the parent of the child)

Special requirements (if any)

Other Information:

Signature of Parent:

Date:

OFFICE USE ONLY

Date of Admission:

Date of Discharge: