

Victoria Montessori Preschool 323 Skinner St.. Victoria, BC, V9A 3B5 250.380.0534 victoriamontessori@shaw.ca

Application for Enrollment

Children to be waitlisted						
Last name	First nam	e	Date of Birth (YY/MM/DD)		Male □	Female □
Last name	First name		Date of Birth (YY/MM/DD)		Male □	Female □
Last name First name		Date of Birth (YY/MM/DD)		Male	Female □	
Sibling has attended Victoria M	Iontessori: If	YES, sibling's name ar	nd year(s) when attende	ed:		
Parent Information						
Last name			First name			
Home Phone		Cell Phone		E-mail		
Parent Information		1		1		
Last name			First name			
Home Phone		Cell Phone		E-mail		
Program Information (Please	indicate Pro	eference)		1		
I would like my child(ren) to be □ 8:00am - 3:00pm □ 8:00am - 5:00pm □ Monday - Friday □ Part time (please indicate pre						
Where did you hear about Victo ☐ Website	oria Montess		ria □ Kids in Victor	ria □ Relative	es/Friends	
Please note that we are not a p	oeanut free	Preschool.				
Please complete this form and We will e-mail you an invitation			is fee is not refundabl	e) made payabl	e to "Victori	ia Montessori".
Please note you are responsible	le for inforn	ning the school of any	changes in the above i	information.		
Thank you						
Notice of collection of personal The personal information collect your child at Victoria Montesso and disclosure of this information	cted on this fori. By submi	orm is required in order tting this form you are				
Signature of Parents	Date					