



# St. Christopher's Montessori School

2619 Currie Road

Victoria, BC V8S 3B9

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Email: info@stcmsmontessori.ca

www.stcmontessori.ca

## Application Form

Please PRINT clearly

Child's Name: \_\_\_\_\_

Birth Date (YYYY/MM/DD): \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Sibling has attended STCMS: Yes No (circle one)

If YES, sibling's name and year(s) when attended: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: (c) \_\_\_\_\_ Additional: \_\_\_\_\_

Additional Contact Person – Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone: (c) \_\_\_\_\_ Additional: \_\_\_\_\_

Please indicate if you prefer: AM: \_\_\_\_\_ PM: \_\_\_\_\_ No Preference: \_\_\_\_\_

Year of entrance requested - SEPTEMBER: \_\_\_\_\_

Signature(s) Parents/Guardians

\_\_\_\_\_

**PLEASE NOTE YOU ARE RESPONSIBLE FOR INFORMING THE SCHOOL OF ANY CHANGES IN THE ABOVE INFORMATION. THANK YOU.**

### NOTICE OF COLLECTION OF PERSONAL INFORMATION

The personal information collected on this form is required in order for the School to contact you should a space become available for your child at the School. By submitting this form you are consenting to this collection of personal information and to the use and disclosure of this information for this purpose.

**For office use:**

Waiting list date \_\_\_\_\_

Cash \_\_\_\_\_ Cheque \_\_\_\_\_ E-transfer \_\_\_\_\_

Tour: \_\_\_\_\_