



St. Christopher's Montessori School

2619 Currie Road

Victoria, BC V8S 3B9

Tel: (250) 595-3213 Fax: (250) 595-3208

Email: stcms@shaw.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 ENCLOSE THE \$100 APPLICATION FEE WITH THIS FORM. THIS FEE IS NON-REFUNDABLE.

E-TRANSFER OPTION: stcms@shaw.ca

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: _____