



Kennedy Montessori School,
 7781 Kennedy Road,
 Markham, Ontario,
 L3R 2C8

APPLICATION FOR ENROLLMENT

Child's name in full _____ Boy _____ Girl _____

Address: _____

Postal Code: _____ Home Telephone #: _____

Child's date of birth: _____
 (month/day/year)

Father's name: _____ Business telephone: _____

Work Address: _____

Home Address (If different from above): _____

Home Telephone (If different from above): _____ Cell #: _____

E-Mail Address: _____

Mother's name: _____ Business telephone: _____

Work Address: _____

Home Address (If different from above): _____

Home Telephone (If different from above): _____ Cell #: _____

E-Mail Address: _____

Session preferred: ___ A.M. ___ P.M. ___ Full Day (___ Ext.Hrs)

Month you would like your child to start: _____

Today's Date: _____

Parent's signature: _____

For school's use: Date of admission: _____

Last date of attendance: _____

Initial and date every September.