



Blaisdale Montessori School

Application Form

Admission Date: _____

Child's Surname: _____

Gender: _____ Birth Date: _____

Child's First Name: _____

Month/Day/Year

Address: _____

City: _____

Postal Code: _____

Telephone: (_____) _____

E-mail Address: _____

Mother's Name: _____

Occupation: _____

Business Telephone: _____

Cell Number: (_____) _____

Business Address: _____

Father's Name: _____

Occupation: _____

Business Telephone: _____

Cell Number: (_____) _____

Business Address: _____

Marital Status: _____

Siblings Name(s): _____

In Case of Emergency:

Name: _____ Phone: (_____) _____ Relationship _____

Address: _____

Name: _____ Phone: (_____) _____ Relationship _____

Address: _____

Pick-up Authorization: _____

Allergies or health problems you wish the school to be aware of: _____

_____ or N/A _____ Health Card # _____

Anaphylactic allergy _____ or N/A _____ Epi-pen _____ or N/A _____ Epi-pen must be provided before start date.

Special instructions regarding diet, rest or physical activity: _____

_____ or N/A _____

History of communicable diseases: _____ or N/A _____

Campus: Milner _____ Rougemount _____ Annex _____ Pickering _____ Village _____

Westney _____ Oshawa _____ Bowmanville _____

Parent Signature: _____ Date: _____

All fields must be completed

Office Use: Date of withdraw _____