



Preschool/Kindergarten WAITING LIST Application Form (Please Print)

Application Date \_\_\_\_\_

Please check required program times:

- Full 5 Day 8:30am – 4:30pm
- Full 4 Day 8:30am – 4:30pm\*
- Half 5 Day A.M. 8:30am – 12:30pm
- Half 4 Day A.M. 8:30am – 12:30pm\*
- Before Care 5 Day 7:00am – 8:30am
- Before Care 4 Day 7:00am – 8:30am
- After Care 5 Day 4:30pm – 6:00pm
- After Care 4 Day 4:30pm – 6:00pm

\* please indicate which consecutive 4 days M-Th\_\_\_\_\_ or Tue-Fri\_\_\_\_\_

Name of Child (surname/given)\_\_\_\_\_ Sex M/F

Possible start date: \_\_\_\_\_

Date of birth (MM/DD/YY)\_\_\_\_\_

PARENT/GUARDIAN FAMILY INFORMATION

Parent's name:\_\_\_\_\_

Home address:\_\_\_\_\_ Postal Code:\_\_\_\_\_

Telephone:\_\_\_\_\_ Cell Phone:\_\_\_\_\_

Email address:\_\_\_\_\_

Occupation:\_\_\_\_\_

Employer/address:\_\_\_\_\_

Telephone:\_\_\_\_\_

Parent's name:\_\_\_\_\_

Home address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer/address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Does your child have Montessori experience (if yes where) ? \_\_\_\_\_

How did you hear about the school ? \_\_\_\_\_

Siblings? Name & Age? \_\_\_\_\_

I have read the following and understand that:

1. This application does not automatically admit the applicant to Squamish Montessori School (SMS)
2. Application must be returned with a \$50 non-refundable application fee.
3. The applicant must be toilet trained by school entry.
4. The admission process includes an interview by the teachers with the applicant.
5. When admission is accepted, parents must fill out a complete "Registration Form" and foreword copies of all requested documents.
6. Should this application be accepted, the student and his/her parents/guardians agree to comply with the guidelines set out in the SMS registration form and "**Squamish Montessori Handbook for Parents**".
7. All tuition fees are payable in advance (by postdated cheques) at the time of registration.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Squamish Montessori School  
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