

Montessori Learning Centres, Inc.

170 Ashland Avenue
Winnipeg, Manitoba R3L 1L1

Telephone (204) 475-1039

Email: mlcmont@mts.net

www.mlcwinnipeg.ca

Fax: 452-4643

Application for Enrollment

PROGRAM

5 half-day Program _____

Morning Session 8:45-11:30 _____

3 half-day Program _____

Afternoon Session 1:00 - 3:45 _____

Child's Full Name:

Name normally used:

Female:

Male:

Address:

Birth Date:

Postal Code:

Telephone:

Father:

Mother:

Address:

Address:

Home Telephone:

Home Telephone:

Business Telephone:

Business Telephone:

Cell/Pager:

Cell/Pager:

e-mail Address:

e-mail Address:

Fax Number:

Fax Number:

Business/Profession:

Business/Profession:

Business Name:

Business Name:

Business Address:

Business Address:

Siblings:

Name:

Birth Date:

Name:

Birth Date:

Name:

Birth Date:

General Information:

Previous Program attended (if any):

Name

Date:

Full-time:

Part-time:

Will your child attend another program in addition to MLC: (i.e. Babysitter; Day Care; Preschool; French Immersion; Kindergarten)

Name:

Address:

Telephone

Have you ever had a child enrolled at MLC before?

Is your child toilet-trained? (yes; no; partially)

Where did you hear about MLC?

Does your child have any health problems such as eyesight or hearing difficulties, epilepsy, asthma, allergies, required medication, etc.?

Does your child have any special needs i.e. developmental, physical, or emotional?

Is there any information which you feel will aid the teachers in helping your child adjust?

If applicable, MLC requires a copy of separation agreements, court orders, or other documents setting out custody arrangements for your child. Does this apply to your family?

Privacy Statement:

MLC is committed to controlling the collection, use and disclosure of your personal information and is committed to protecting your privacy and has a Privacy Policy. "Personal information" is defined in the *Personal Information Protection and Electronic Documents Act* (PIPEDA) and generally means any information about an identifiable individual, including: (i) an individual's name, address, phone number, fax number, or email address; and (ii) financial information about an individual. By signing the *Parental Consent Form*, you agree to the collection, use and disclosure of personal information relating to you and your child by MLC for fundraising and other purposes relating to the operation of the school, which includes distributing a class list, with names and addresses of children and parents, to MLC employees, board members, volunteers and parents.

You may at any time withdraw your consent to the collection, use or disclosure of your personal information as described above by giving us reasonable notice. If you would like a copy of MLC's Privacy Policy or have any questions concerning MLC's Privacy Policy, please contact MLC's Privacy Officer, at (204) 475-1039.

Registration Fee (non-refundable) \$200.00	Date received:
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Signature: _____ **Date:** _____