

Willowglen School

Westoak Trails Montessori Campus

APPLICATION FOR ADMISSION 2019 - 2020 School Year

Student Name: _____

Birth Date: Year _____ Month _____ Date _____

Application for: Full Day Pre-Casa Program
 Full Day Casa Program Before School Care
 A.M. Casa Program After School Care
 P.M. Casa Program

Mother Name: _____

Father Name: _____

Address: _____

Address: _____

City: _____

City: _____

Postal Code _____

Postal Code _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Business Name _____

Business Name _____

Business Address _____

Business Address _____

Business Phone: _____

Business Phone: _____

Email: _____

Email: _____

If parents are separated or divorced please indicate with whom the child is living: _____

If parents are separated or divorced who will be authorized to pick up child from school: _____

Please indicate who else will be authorized to pick up your child after school.

Name _____ Relationship: _____

Home Phone: _____ Bus Phone _____

Name _____ Relationship: _____

Home Phone: _____ Bus Phone _____

Emergency contact if parents cannot be reached:

Name _____ Relationship _____

Address _____ Phone : work _____ home _____

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Registration Agreement

Academic Year 2019-2020

Please note all deposits are non-refundable, since their purpose is to confirm your child's place in Willowglen School for the full academic year. In order to confirm a placement for your child, all required documentation (i.e., health forms, emergency contact information) and all required tuition fees (according to the payment plan chosen) must be completed and submitted to our office.

I/We have read the terms of enrolment for Willowglen School as well as the Parent Handbook and agree to same. I understand my deposit is non-refundable and confirms my child's placement for the school year. I/We also agree that my/our obligation to pay the full year's tuition is **unconditional**, regardless of absence, transfer or withdrawal. In the event that early termination is granted a minimum of two months notice must be given. Early termination is at the sole discretion of Willowglen School.

I hereby give permission for staff to apply non-prescription sunscreen, lotion, lip balm, bug spray, hand sanitizer and diaper cream as needed.

I/We understand our payment options and I/we have chosen: Plan I (Monthly) Plan II (Advanced)

Student's Name: _____

Parent's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

Items to be included with Application:

- 1) Medical Information Form
- 2) Copy of Birth Certificate
- 3) Statement of Immunisation
- 4) Completed Pre-Authorized Debit form