

**REGISTRATION FORM**  
**(Detailed Application to follow)**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First) (Middle) (Last) (Month/Day/Year)

Address: \_\_\_\_\_  
(No.) (Street) (City) Whitby (Prov) On (Postal code)

Child's Gender: \_\_\_\_\_ Expected Day of Enrollment: \_\_\_\_\_

Program Type: Full (8:30am – 5:30 pm)

Program Name: \_\_\_\_\_

**PARENT/GUARDIAN PERSONAL INFORMATION**

**Guardian Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

**Guardian Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Registration and Deposit info: \_\_\_\_\_

Please send interac transfer to [info@brackendalemontessori.com](mailto:info@brackendalemontessori.com)

\*Registration form and deposit and registration fee required to hold the space