

Michelle Nigli:
supervisor@brackendalemontessori.com
905 686 9997

Mona Bhalla:
info@brackendalemontessori.com

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 (7:00am to 6:00pm) or Core (8:30am to 4:00pm)

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: _____

How did you hear about us? _____

Registration and Deposit info: _____

Please send interac transfer to info@brackendalemontessori.com

*Registration form and deposit and registration fee required to hold the space and are non-refundable