

PRESCHOOL & KINDERGARTEN APPLICATION FORM

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SURNAME OF CHILD	FIRST NAME	MIDDLE NAME(S)	
CHILD PREFERS TO BE CALLED (IF DIF	FERENT THAN ABOVE)	DATE OF BIRTI	H: YEAR MONTH DAY
ADDRESS	CITY	POSTAL CODE	HOME PHONE
LAST SCHOOL ATTENDED		CITY	LAST GRADE ATTENDED
BC PERSONAL HEALTH NUMBER:			
Does your child have any serio	ous medical conditions or diagnose	es? Yes No If yes, please describ	pe:
Citizenship: Canadian		Country of Birth:	
		Language most u	
Aboriginal Ancestry: NOT APP		N RESERVE 🗖 STATUS: OFF RESERVE	
Has your child had a Psycho-E Has your child received supporte Has your child ever been asked to **ANY ASSESSMENTS DONE AFTER	Ed./Any Assessment (i.e. Psychologed childcare/support child development of leave a facility? Yes No If you answered yes to any of the THIS REGISTRATION DATE MUST BE COMM	nt consultation? Yes No	tation to your application.
NAME OF PARENT OR GUARDIAN		EMAIL	CELL PHONE
OCCUPATION		НОМЕ РН	IONE (IF DIFFERENT THAN ABOVE)
NAME OF PARENT OR GUARDIAN		EMAIL	CELL PHONE
OCCUPATION		НОМЕ РН	ONE (IF DIFFERENT THAN ABOVE)
NAME OF SIBLINGS & AGES			SCHOOL(S) ATTENDING
	nt's family a current or former Mari mily member & relationship to appl	•	
ļ	ADMISSION DATE REQUESTED:		

LEGAL RESIDENCY OF PARENT

To be completed and signed by a parent or legal (court appointed) guardian. If legal guardian, attach a copy of court order appointing you as legal guardian.

1. (LAWFULLY ADMITTED INTO CANADA) I AM, (I	LEASE X ONE):												
$\hfill \square$ A Canadian citizen (if not born in Canada, plea	se attach photocopy of citizenship paper/card)												
☐ A landed immigrant (attach photocopy of landed immigrant status paper) ☐ Lawfully admitted to Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document):													
						 ☐ Admission as a refugee claimant ☐ A person claiming refugee status who has a letter of no objection ☐ Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years) ☐ Employment authorization (working permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years) 							
☐ A person carrying out official duties counter foil in his/her passport)	as a diplomatic or consular official (with a foreign representative acceptance												
Other - document description: (must be cleared with Citizenship & Immigration Canada)													
2. (RESIDENCY IN BRITISH COLUMBIA) I AM A RE	SIDENT OF BRITISH COLUMBIA (PLEASE X ONE):												
☐ Yes: Residency address:													
☐ No: I am not a resident of British Columbia													
PARENT'S/LEGAL GUARDIAN'S SIGNATURE:	DATE :												
Please enclose with this application a non-refundable fee	of: $$100.00$ for the 1 st child in a family / $$75.00$ for the 2 nd child / $$25.00$ for the 3 rd + child												
Plea	se make cheques payable to Maria Montessori Academy												
E-Transfer: accountant@m	OR <u>ariamont.ca</u> (Include the message "application fee for student first + last name"												
Please provide	originals for us to copy (please do not mail your original documents):												
Birth Certificate 🗌 Imn	nunization Record/Waiver Two most recent report cards (if applicable)												
	Admissions Policy: eceive first priority. Priority may be given to applicants with prior Montessori Education. I gender supersede date applied. All admissions are left to the Principal's discretion.												
•	ori Academy, which is run by the International Association of Progressive Montessorians (IAPM). This student placement and will be protected under the Freedom and Information and Protection of Privacy Act.												
	hould be directed to the Principal or the Office Administrator of Maria Montessori Academy.												
FOR OFFICE USE ONLY Date of Tour:	<u>'</u>												
Date of Tour:	Date Principal Met Student:												
Date of Tour:	<u>'</u>												

APPLICATION CHOICES FORM Preschool & Kindergarten



Student's Full Name:
Parent's Name:
Student's Birthdate:

School Year Applying for:

PROGRAMS	HOURS OF OPERATION	CLASSROOMS	2025-2026 FEES *THESE FEES CAN BE PAID OVER 12 OR 10 MONTHS
Full Day (age 3 & 4 years)	8:30 am to 3:00 pm Monday to Friday	Sunflower / Bluebell / Lavender Room choices based on availability	12 Month - \$1129.17 10 Month - \$1355.00 *Additional Annual Fees \$855.00 *Annual Fees can be added to monthly payment
Kindergarten	8:30 am to 3:00 pm Monday to Friday	Sunflower / Bluebell / Lavender Room choices based on availability	12 Month – \$951.25 10 Month – \$1141.50

MMA has been approved for the Child Care Fee Reduction Initiative (CCFRI) for the 3- to 4-year-old programs.

Funding is applied from September to June only and is dependent on continued acceptance in the program. Due to the nature of the CCFRI funding, all fees are to be paid monthly.

Upon student's placement, one month's tuition, applied to June of the next scholastic year is payable and non-refundable.

Tuition discounts apply only to the tuition portion of the monthly payments for siblings:

**20% for the second child and 30% for subsequent children concurrently attending MMA.

**subject to change

Out of School Care Ages 3-12 (September-June Commitment, Pre-Registered Program)		
Morning	7:30am-8:30am	\$165/month
Afternoon	3:00pm-5:00pm	\$302/month
Both AM & PM	As Above	\$438/month

Parent Signature	Date