

## 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 <b>Psycho-E</b> Has your child received <b>supporte</b> 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 ${f A}$	M, (PLEASE X ONE):			
$\square$ A Canadian citizen (if not born in Canada, please attach photocopy of citizenship paper/card)				
$\square$ A Permanent Resident (landed immigrant) (attach photocopy of landed immigrant status paper or PR card)				
☐ Lawfully admitted into Canada under the (please mark the appropriate box below a	Immigration and Refugee Protection Act (Canada) with one of the following documents nd attach photocopy of document):			
☐ Admission as a refugee or refu	igee claimant			
☐ Valid student permit for two of one or more additional years	or more years (or issued for one year but anticipated to be renewed for			
<ul> <li>Valid employment authorization</li> <li>anticipated to be renewed for one</li> </ul>	n (work permit) for two or more years (or issued for one year but one or more additional years)			
	r the authority of the Visiting Forces Act or as an accredited ular officer or official representative in Canada of a foreign olumbia.			
$\square$ Other - Document description: (must be	cleared with Citizenship & Immigration Canada)			
2. (RESIDENCY IN BRITISH COLUMBIA) I AM	A RESIDENT OF BRITISH COLUMBIA (PLEASE X ONE):			
☐ Yes: Residency address:				
☐ No: I am not a resident of British Colum	bia			
3. CONFIRMING SIGNATURE: PARENT/LEGAL GUARDIAN'S PRINTED NAM	E:			
PARENT/LEGAL GUARDIAN'S SIGNATURE: _	DATE :			
	DATE:			
Please enclose with this application a non-refundab	elle fee of: \$100.00 for the 1st child in a family / \$75.00 for the 2nd child / \$25.00 for the 3rd + child			
Please enclose with this application a non-refundable refundable.  E-Transfer: accountage.	Please make cheques payable to Maria Montessori Academy  OR			
Please enclose with this application a non-refundable  E-Transfer: accountable  Please pr	Please make cheques payable to Maria Montessori Academy OR  nt@mariamont.ca (Include the message "application fee for student first + last name"			
Please enclose with this application a non-refundable  E-Transfer: accountable  Please pr  Birth Certificate   Siblings of current MMA Stud	Please make cheques payable to Maria Montessori Academy OR  nt@mariamont.ca (Include the message "application fee for student first + last name"  ovide originals for us to copy (please do not mail your original documents):			
Please enclose with this application a non-refundable  E-Transfer: accountable  Please pr  Birth Certificate   Siblings of current MMA Stude  Classroom balance of age  Information on this form is collected by Maria Mo information will be used for processing application	Please make cheques payable to Maria Montessori Academy OR  nt@mariamont.ca (Include the message "application fee for student first + last name"  ovide originals for us to copy (please do not mail your original documents):  Immunization Record/Waiver  Two most recent report cards (if applicable)   Admissions Policy: ents receive first priority. Priority may be given to applicants with prior Montessori Education.			
Please enclose with this application a non-refundable E-Transfer: accountable Please properties of current MMA Studies of current MMA Studies of current MMA Studies of agreement on this form is collected by Maria Moinformation will be used for processing application Questions about the collection and use of information of the collection o	Please make cheques payable to Maria Montessori Academy OR  OR  Ox  Ovide originals for us to copy (please do not mail your original documents):  Immunization Record/Waiver  Two most recent report cards (if applicable)  Admissions Policy:  ents receive first priority. Priority may be given to applicants with prior Montessori Education.  es and gender supersede date applied. All admissions are left to the Principal's discretion.  Intessori Academy, which is run by the International Association of Progressive Montessorians (IAPM). This is for student placement and will be protected under the Freedom and Information and Protection of Privacy Act. tion should be directed to the Principal or the Office Administrator of Maria Montessori Academy.			
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## APPLICATION CHOICES FORM Preschool & Kindergarten



Student's Full Name:
Parent's Name:
Student's Birthdate:
<del> </del>
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