



_____ M F
 SURNAME OF CHILD FIRST NAME MIDDLE NAME(S)

CHILD PREFERS TO BE CALLED (IF DIFFERENT THAN ABOVE) DATE OF BIRTH: 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 serious medical conditions or diagnoses? Yes No If yes, please describe:

Citizenship: Canadian OTHER: _____ Country of Birth: _____

Language spoken at home: ENGLISH FRENCH OTHER: _____ Language most used: _____

Aboriginal Ancestry: NOT APPLICABLE METIS STATUS: ON RESERVE STATUS: OFF RESERVE NON-STATUS

Band & Status #: _____

Has your child received **Speech Therapy/Occupational Therapy/Physiotherapy** or have any other therapy reports? Yes No

Has your child had a **Psycho-Ed./Any Assessment (i.e. Psychology, ASD, CDBC)**? Yes No

Has your child received **supported childcare/support child development consultation**? Yes No

Has your child ever been asked to leave a facility? Yes No

If you answered yes to any of the above, please attach relevant documentation to your application.

****ANY ASSESSMENTS DONE AFTER THIS REGISTRATION DATE MUST BE COMMUNICATED TO THE OFFICE**

If applicable, do you give permission for the Principal to contact your child's current caregiver to discuss his/her progress? Yes No

NAME OF PARENT OR GUARDIAN EMAIL CELL PHONE

OCCUPATION HOME PHONE (IF DIFFERENT THAN ABOVE)

NAME OF PARENT OR GUARDIAN EMAIL CELL PHONE

OCCUPATION HOME PHONE (IF DIFFERENT THAN ABOVE)

NAME OF SIBLINGS & AGES SCHOOL(S) ATTENDING

Is any member of the applicant's family a current or former Maria Montessori Academy student?
 If yes, please note name of family member & relationship to applicant: _____

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, (PLEASE X ONE):

- A Canadian citizen (if not born in Canada, please attach photocopy of citizenship paper/card)
- A Permanent Resident (landed immigrant) (attach photocopy of landed immigrant status paper or PR card)
- Lawfully admitted into Canada under the Immigration and Refugee Protection Act (Canada) with one of the following documents (please mark the appropriate box below and attach photocopy of document):
- Admission as a refugee or refugee claimant
 - Valid student permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - Valid employment authorization (work 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 under the authority of the Visiting Forces Act or as an accredited diplomatic agent, preclearance officer, consular officer or official representative in Canada of a foreign government with a consular post in British Columbia.
- 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 Columbia

3. CONFIRMING SIGNATURE:

PARENT/LEGAL GUARDIAN'S PRINTED NAME: _____

PARENT/LEGAL GUARDIAN'S SIGNATURE: _____ DATE : _____

Please enclose with this application a non-refundable fee of: \$100.00 for the 1st child in a family / \$75.00 for the 2nd child / \$25.00 for the 3rd + child

**Please make cheques payable to Maria Montessori Academy
OR**

E-Transfer: accountant@mariamont.ca (Include the message "application fee for student first + last name")

Please provide all documents listed on the Application Check List on page 4.

Admissions Policy:

Siblings of current MMA Students receive first priority. Priority may be given to applicants with prior Montessori Education.
Classroom balance of ages and gender supersede date applied. All admissions are left to the Principal's discretion.

Information on this form is collected by Maria Montessori Academy, which is run by the International Association of Progressive Montessorians (IAPM). This information will be used for processing applications for student placement and will be protected under the Freedom and Information and Protection of Privacy Act. Questions about the collection and use of information should be directed to the Principal or the Office Administrator of Maria Montessori Academy.

FOR OFFICE USE ONLY

Date application received and fee paid _____ Fee _____

Class Visit _____

APPLICATION CHOICES FORM

Preschool & Kindergarten



Student's Full Name: _____

Parent's Name: _____

Student's Birthdate: _____

School Year Applying for: _____

PROGRAMS	HOURS OF OPERATION	CLASSROOMS	2026-2027 FEES
Full Day <i>(age 3 & 4 years)</i>	8:00 am to 4:00 pm Monday to Friday	Sunflower / Bluebell / Lavender Room choices based on availability	10 Month – \$1394.50 *Additional Annual Fees \$880.00 *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	10 Month – \$1216.00

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 subsequent children concurrently attending MMA.

**subject to change

Out of School Care Ages 5-12 (September-June Commitment, Pre-Registered Program)		
Morning	7:30am-8:30am	\$170/month
Afternoon	3:00pm-5:00pm	\$312/month
Both AM & PM	As Above	\$453/month

Parent Signature

Date



Application Check List

- Application Form
 - Birth Certificate
 - Immunization Records
 - Learning Updates
 - Legal Residency of Parent
 - Application Fee paid by e-transfer accountant@mariamont.ca
-

Please Confirm the following:

- I have sent the online *Teacher Reference Form* to my child's teacher or daycare provider if applicable (<https://mariamontessoriacademy.net/teacher-form>)

If applicable:

- I have included my child's most current Individualized Education Plan
- I have attached their complete and current Psycho-Educational Assessment
- I have included any paperwork detailing learning supports (ex. Speech Therapy) or diagnosis (ex. ADHD)

If not applicable:

Please check all that apply and sign below:

- My child has not received a Special Education Designation
- My child has not received Learning Assistance
- My child has not had a Psycho-Educational Assessment
- My child is not in the process of/or waiting to receive a Psycho-Education Assessment

Signature: _____

**Please note, applications will not be reviewed until the above checklist is complete*