

# Willowglen School

Westoak Trails Montessori Campus

## APPLICATION FOR ADMISSION 2008 - 2009 School Year

Student Name: \_\_\_\_\_

Birth Date: Year \_\_\_\_\_ Month \_\_\_\_\_ Date \_\_\_\_\_

Application for:      Full Day Toddler Program        
                                 A.M. Toddler Program                        
                                 Full Day Casa Program                            Before School Care                        
                                 A.M. Casa Program                                    After School Care                        
                                 P.M. Casa Program                                
                                 Elementary Program                             

Indicate Grade: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Mother Name: \_\_\_\_\_

Father Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code \_\_\_\_\_

Postal Code \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business Name \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**If parents are separated or divorced please indicate with whom the child is living:** \_\_\_\_\_

**If parents are separated or divorced who will be authorized to pick up child from school:** \_\_\_\_\_

Please indicate who else will be authorized to pick up your child after school.

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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## Registration Agreement

Academic Year 2008-2009

Please note all deposits are non-refundable, since their purpose is to confirm your child's place in Willowglen School for the full academic year. In order to confirm a placement for your child, all required documentation (i.e., health forms, emergency contact information) and all required tuition fees (according to the payment plan chosen) must be completed and submitted to our office.

I/We have read the terms of enrolment for Willowglen School as well as the Parent Handbook and agree to same. I understand my deposit is non-refundable and confirms my child's placement for the school year. I/We also agree that my/our obligation to pay the full year's tuition is **unconditional**, regardless of absence, transfer or withdrawal. In the event that early termination is granted a minimum of two months notice must be given. Early termination is at the sole discretion of Willowglen School.

All accounts must be paid in full before academic records will be released or transferred.

I/We understand our payment options and I/we have chosen: Plan I  Plan II

Student's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please note that this document is to be considered only as an application for registration unless and until the above student has been accepted and such acceptance is confirmed by receipt of your deposit.

### Items to be included with Application:

- 1) Medical Information Form
- 2) Copy of Birth Certificate
- 3) Statement of Immunisation
- 4) Deposit cheque and post-dated cheques according to payment plan chosen