

4667710 Manitoba Ltd, O/A. *Paradise Montessori Preschool*.
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APPLICATION FOR ENROLLMENT:

Child's Name

First _____ Middle _____ Last _____

Home

Address _____

Postal Code _____ Home Phone _____

Date of Birth _____

Names of Parents /Guardian

Mother _____ Father _____

Work Phone Number: Mother _____

Father _____

Work Address:

Mother _____

Father _____

Child's Previous Experience: _____

Names & Ages of Siblings: _____

Emergency contact person and Phone No. (In case parent/Guardian cannot be reached)

Contact: _____ Phone No. _____

Address of Emergency Contact: _____

Names of individuals to whom child may be released:

MEDICAL INFORMATION

Manitoba Medical No: Family: _____ Child's _____

Child's Doctor: _____ Phone _____

Doctor's Address: _____

Any Medical Allergies: _____

Medical Release: I give the teachers of Paradise Montessori Preschool permission to act on my behalf to deal with any medical emergency, which may arise.

Date: _____ Signature: _____