



APPLICATION FOR ADMISSION TO THE MONTESSORI TODDLER PROGRAM 1.5 to 2.5 YEARS

Date of application: _____ Date of proposed entrance: _____

Name of pupil: _____
(Family Name) (Given Names – please underline name used)

Date of birth: ____ / ____ / ____ Sex M F
(d) (m) (y)

Address of Student: _____

City: _____ Postal Code: _____ Telephone Number: _____

Previous School/Childcare: _____

If this application is accepted, I hereby agree to adhere to all rules and regulations of Wishing Well Schools and to pay all school fees and educational expenses.

Date: _____ Signature of parent/guardian: _____

Please enclose a copy of the birth certificate, the completed forms (5 in total) and all Registration Fees.

Office Use:

Interview Date: _____

Registration Fees and completed forms received: _____

Postdated cheques received: _____ Confirmation Sent: _____