

Braemar House School
Montessori Casa / Prep One Admission Application Form

Student's Name: _____ M__ F__
 Last First Middle

Date of Birth (Y/M/D)_____ Name Commonly Used_____

Application for School Year beginning September 20_____

Program: PREP ONE Program: _____ Full days

 MONTESSORI: _____ Full Days or _____ Half Days A.M. or _____ Half Days P.M.

 Birth Certificate required for Montessori and Prep One students copy attached

Mother's Name _____ Home Telephone _____

Home Address _____ City _____ Postal Code _____

Business Phone No. _____ Cell Phone _____

Father's Name _____ Home Telephone _____

Home Address _____ City _____ Postal Code _____

Business Phone No. _____ Cell Phone _____

Email address: _____

Emergency Contact Name _____ Telephone _____

Present School _____ Grade _____

School Address _____ City _____ Postal Code _____

Principal _____ Telephone () _____

I give permission to Braemar House School to obtain information about my child from my child's current/previous school.

Signature of Parent _____ **Date** _____

We were referred to Braemar by the following Braemar family: _____

Please attach the following:

Application Fee: A fee of \$100 is required with this application. If this application is not accepted the \$100 will be refunded. If this application is accepted the \$100 fee will be applied to the tuition.

Copies of all final Report Cards and any Educational Assessments or Programs done.

Please answer all of the following questions regarding your child.

Health Information

OHIP Number (Optional) _____

Has your child had any health problems or serious accidents? Yes No

If yes, please describe _____

Does your child have any allergies? Yes No

If yes please describe _____

Has your child been tested before or had any special services (like speech, language, physical therapy)?

Yes No

If yes, please describe and identify the agency

Please provide all documentation from that agency with this application.

Social Skills Information

Describe any fears your child has shown (to animals, loud noises, storms etc.)

Describe how your child reacts to stressful situations (ie Cries, withdraws, tantrums)

How often are you able to read to your child Never Weekly Daily

How much television/computer time does your child watch/ participate in per day

Less than 30 minutes Between 30 minutes and 90 minutes Over 90 minutes

Describe your child (strengths, weaknesses, personality traits) _____

All of the above information is up to date and accurate.

Signature

Date