

PRESCHOOL INQUIRY FORM

PLEASE CHECK OR FILL IN ALL APPLICABLE INFORMATION AND REQUESTS



CASA MONTESSORI PRESCHOOL [] SCUOLA MATERNA PRESCHOOL []

Date of Inquiry _____

Name of Person Making Inquiry _____

Address _____ Postal Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

How did you discover LDVA? _____

Relation to Child(ren) _____

(1) Child's Surname _____ Given Name _____

Age _____ Birth Date _____ Male [] Female [] Toilet Trained: Yes [] No []

Is child currently attending a Montessori school? Yes [] No []

Tentative Enrollment Date(s) _____ Current School _____

(2) Child's Surname _____ Given Name _____

Age _____ Birth Date _____ Male [] Female [] Toilet Trained: Yes [] No []

Is child currently attending a Montessori school? Yes [] No []

Tentative Enrollment Date(s) _____ Current School _____

(3) Child's Surname _____ Given Name _____

Age _____ Birth Date _____ Male [] Female [] Toilet Trained: Yes [] No []

Is child currently attending a Montessori school? Yes [] No []

Tentative Enrollment Date(s) _____ Current School _____

Please mail me APPLICATION PACKAGE(S) []

Please call me to schedule a MONTESSORI CLASS OBSERVATION TIME []

Please call me to book an INTERVIEW/VISIT/TOUR []

Please call me to book an ASSESSMENT []

Email Inquiry Form to admissions@ldva.on.ca