



NELEPHANT MONTESSORI SCHOOL

REGISTRATION FORM

Thank you for your interest in Nelephant Montessori School. If you would like to enroll your child for September, please fill out the form below and submit with a nonrefundable registration fee of \$160.00.

Cheques will be held until we review the waiting list and can be sure that a spot can be offered to your child. They will be returned to you in the event classes become filled prior to reaching your child's name on the wait list. **(Please make cheques payable to Garden City Nursery School or GCNS)**

Form and fees may be dropped off at the school, Monday to Friday between **8:30 a.m. and 4:00 p.m.**

Once again, thank you for your interest in Nelephant!

Child's Name _____ Child's Birth Date _____

Please state any special needs/requirements/allergies that your child may have.

Parents Names: _____ Phone Number(s): _____

Address: _____

City: _____ Postal Code: _____

Email: _____

Although there is no guarantee, please circle your class preference.

A.M. (8:45 – 11:45)

Full Day (8:45 – 3:50)

Is there a need for your child to be in our Extended Care Program? Yes/No

If yes, please indicate the type of care needed.

Before Care: 7:45 – 8:45 am

After Care: 4:00 – 6:00 pm