

CORONATION MONTESSORI PRESCHOOL IN GLENMORE



422 Ballou Place, Kelowna B.C. V1V 1V4. 778-484-3121

coronationmontessoripreschool@gmail.com

coronationmontessoripreschool.ca

CLASSES & FEE SCHEDULE 2026/2027 Date: _____

PLEASE PRINT CLEARLY

CHILD'S FIRST & LAST NAME: _____

CHILD'S D.O.B. M/D/YR. _____ AGE: _____ M F

MORNING CLASSES- 3 DAYS - TUES. WED. THUR. 3 HRS./ 9:00 AM TO 12:00 PM

There is a \$50.00 registration fee required.

Tuition fees are \$350.00 per month from September - June

Children accepted are ages 3, 4 and 5 years old.

Your child must be potty trained and able to separate from their parent.

CORONATION MONTESSORI PRESCHOOL—Reg:2026/2027

PLEASE PRINT CLEARLY

Name _____ M _____ F _____ Age _____
Physical Address _____ Postal Code _____
Birth Date (M/D/Y) _____ Height _____ inches
Weight _____ lbs. Eye Color _____ Hair color _____

Mom's full name: _____
Email address _____ Cell # _____
Employer: _____ work # _____

Dad's full name _____
Email address _____ Cell # _____
Employer: _____ work # _____

Does your child have any siblings? _____ How many _____
Names and ages _____
Does your child have any pets? _____ Pet/s? _____
Has your child attended a preschool or daycare ,or any structured activities, lessons or classes in the past?

Does your child have any unique challenges of which staff should be aware of? Please explain.

All authorized pick up people must be on your emergency pick up form:

Is there a custody agreement? Yes _____ No _____ If yes, please explain: (Photocopy required)

Please indicate who **can not** pick up your child re: the custody order :

Child's Physician _____ Phone _____
Medical # _____
Medication or allergies (name, dosage, side effects) _____
Your child's immunizations must be up to date: Check mark if yes _____
If NO then please indicate reason: medical
explanation : _____
sig: _____

Please provide a **photocopy** of your child's Immunizations: _____
Please provide a **photocopy** of your child's Birth certificate: _____



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EMERGENCY PERMISSION FORM:

PLEASE PRINT CLEARLY / 2026/2027

Child's Name: _____ D.O.B. M/D/YR _____
Gender: _____

What Celebrations or Occasions are traditionally celebrated in your family ?

I understand that if my child becomes ill while at pre-school, my child must be picked up immediately. I understand that If my child has any signs of illness, they must stay home until 24 hours have passed since their last symptom has disappeared. Init: _____

PERMISSION TO CALL AN AMBULANCE I give permission for the management or staff of Coronation Montessori Preschool to call an ambulance in the event of an emergency. I understand that if an ambulance needs to be called while my child is attending Coronation Montessori Preschool, that I will pay the required costs for the ambulance.

PARENTS SIG: _____

I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED while attending Coronation Montessori Preschool . The photographs will be used for our web site, classroom and to provide parents with endearing moments. PARENTS SIG: _____

I authorize these emergency people to be contacted and to immediately pick up my child from Coronation Montessori PreSchool if parents can not be reached.

Emergency contact and pick up people: (At least 2 please) 1st & last name

- 1) Name _____ relationship _____ cell _____
- 2) Name _____ relationship _____ cell _____
- 3) Name _____ relationship _____ cell _____

Your child will not be allowed to leave Coronation Montessori preschool with anyone who is not listed on this form. Anyone picking up a child from Coronation Montessori PreSchool must bring with them each and every time, government issued photo I.D. This is for the safety and protection of your child.

Parents signature : _____