

Clara Bilingual Montessori Center

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Peace & Unity brings Progress & Prosperity

Application Form

Student's Name		
Date of Birth	Age on the 31st December	Sex
Student's Address		
Name of child's guardian (Must have	the same address as child)	
Please state the relation		
Brief description of your child (eg. s	hy, likes red, likes football)	
Expectations of this facility for your to cook)	child (eg. learn to socialize, have fun, lea	rn to write, learn
Please state whether your child has a signed by a doctor.)	llergies, if so, list them.(Please attach a co	opy of details
Has your child been hospitalized? If	yes, why?	
Please state your child's last immuniz	zation	

State names of persons apart from yourself who is allowed to pick up your child.		
Please state the child's nex	xt of kin, the address and telephone number.	
the school. We want to en	scious institution, we will not allow soft drinks(soda) to be brought to courage healthy foods such as natural fruit drinks (eg. mango, banana, we any objection please state your reasons.	
prought in and at the same	cycle conscious institution we want to limit the amount of plastics e time encourage our children to use glass and stainless steel glasses, Please state if you have any objection.	
earn and mingle with the	g institution, the children will be out of the compounds to observe, environment at least every 2 weeks. If you have any objection please	
	on I to uses any of your child' pictures taken with the school to be otional materials.	
By signing this form, it co his form.	onfirms your agreement with the information given and requested in	
Signature	Date	
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