

Miss Melissa's Modified Montessori Preschool

108 Naito Court
Kelowna BC V1V 1S9
250-763-5909

Student's Name _____

Monday____Tuesday____Wednesday____Thursday____Friday____

(8:15 - 11:15 AM)

Monday____Tuesday____Wednesday____Thursday____Friday____

(12:00 - 3:00 PM)

*Registration Fee enclosed \$_____

*September Payment enclosed \$_____

*Registration Information was updated (for returning students) _____

Start Date_____ End Date _____

CONSENT

I, _____ have read and understand the policies and procedures included in the parent handbook and will act in accordance with them. I expect preschool staff to act in accordance with them as well.

*In the event of a medical emergency involving a call to 911 any costs are the parent's responsibility _____(initial)

*One-month notice must be given to receive a refund _____(initial)

Guardian Signature _____ **Date** _____

Teacher Signature _____ **Date** _____