

NWT Montessori Society

REGISTRATION PACKAGE



This document is required in all student files. Please print this page and return the form completed to the Executive Director or have the Public Health Nurse fax this form to 873-2526. This form needs to be completed for each year that your child is in the program. (Files for returning students will need an updated confirmation.) Please note, this confirmation does not mean that your child has to be immunized to be in the program, this is just a confirmation to acknowledge whether or not your child has been.

IMMUNIZATION CONFIRMATION

Please have this form completed by the Public Health Nurse

This will confirm that the immunization of: _____ is up to date.

Child's Name

Public Health Nurse Name (Please Print)

Public Health Nurse Signature

Date