



2026-2027 Session Registration Form

Student Personal Information		
Chinese name	First name (English)	Last name (English)
Date of birth yyyy-mm-dd		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address		
City	Postal code	Contact number

Parent/Guardian Information	
First name	Last name
Relationship to student <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____	
Address (if different from student)	
City	Postal code
Contact number	
Email address	
<input type="checkbox"/> Emergency contact	

Parent/Guardian Information	
First name	Last name
Relationship to student <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____	
Address (if different from student)	
City	Postal code
Contact number	
Email address	
<input type="checkbox"/> Emergency contact	

Medical Information
Allergies <input type="checkbox"/> No allergy <input type="checkbox"/> Yes: _____
Medical Conditions (specify)



ÉDUCANTO MONTRÉAL

Terms and Conditions

I agree to ensure my child attends classes regularly and to inform the school of any absences.
I understand that no refunds will be accepted after the start of the second class.

Legal and Consent

I give my permission for my child to attend classes at EDUCANTO MONTREAL.
I also consent to the school using photos and videos of my child to share with the parents of their classmates, but not for use on social media.

_____ Date _____
Signature of the parent/guardian

_____ Date _____
Signature of the student (14+ years old)

Course/Program 30 classes		
SATURDAY	SATURDAY	SUNDAY
<input type="checkbox"/> K2A (9AM – 10:15AM)	<input type="checkbox"/> K1A (10:30AM – 11:45AM)	<input type="checkbox"/> K1B* (9AM – 10:15AM)
<input type="checkbox"/> K2C (9AM – 10:15AM)	<input type="checkbox"/> G1 (10:30AM – 12:30AM)	<input type="checkbox"/> K2B* (10:30AM – 11:45AM)
<input type="checkbox"/> G3 (8:45AM – 10:45AM)	<input type="checkbox"/> G4 (11AM – 1PM)	
*Classes will be confirmed subject to sufficient enrollment, and class times may be adjusted based on classroom scheduling or availability.		

Payment information	
<p><i>Registration fee</i></p> <p><input type="checkbox"/> 400\$ (K1A, K1B, K2A, K2B, K2C)</p> <p><input type="checkbox"/> 450\$ (G1, G3, G4)</p> <p>Discount: _____</p>	<p><i>Referral Information</i></p> <p>Referred by: (student name) _____</p> <p>I referred: (student name) _____</p> <p>I referred: (student name) _____</p>
<p><i>Siblings</i></p> <p><input type="checkbox"/> Brother _____ <input type="checkbox"/> Brother _____</p> <p><input type="checkbox"/> Sister _____ <input type="checkbox"/> Sister _____</p>	