

**NWT Montessori Society**  
**REGISTRATION PACKAGE**



This document is required in all student files. Please print this page and return the completed form to the Executive Director. 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 immunized.

**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