



Application Forms

Child's First Name	Child's Last Name	Child's Middle Name	
Preferred Name	Date of Birth DD/MM/YY	Enrollment Age	Gender
Language Spoken by the Child at Home		Does the child speak English Fluently? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address		Primary Telephone	
Requested Enrollment Date: _____ DD/MM/YY	<input type="checkbox"/> Full time Program :5 days/week <input type="checkbox"/> Part time Program: 4 days/week - Which day: M T W Thr F <input type="checkbox"/> Part time Program: 3 days/week - Which day: M T W Thr F <input type="checkbox"/> Morning Program (8:30am- 12:30am/Lunch included) <input type="checkbox"/> Afternoon Program (1:30pm- 5:30am/Snack included)		
Is the Child Toilet Trained? (day time)	Afternoon Nap Length Requested ? <input type="checkbox"/> Yes <input type="checkbox"/> No Length _____	Authorization the Use of Resting Mat <input type="checkbox"/> Yes <input type="checkbox"/> No	

****Note: All Registration Forms must be completed and submitted with the \$25.00 Registration Fee, 2weeks Security Deposit and Ten post-dated cheques for the school year dated for the first day of each month (Sept 1- June 1)**

Office only

Commencement Date: _____ Date: _____	withdrawal
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