

APPLICATION FOR ENROLMENT

Date: _____

Filled out by: _____

NAME OF CHILD: _____

DATE OF BIRTH: ____/____/____ (m/d/y) Sex: Female [] Male []

1st Parent's Name: _____

2nd Parent's Name _____

Address: _____

City: _____ Postal Code: _____

1st Parent Tel: _____ email: _____

2nd Parent Tel: _____ email: _____

Alternate Contact: _____ Tel: _____
Fam. Friend Grandparent Uncle/Aunt Other _____

Medical Needs: _____

Allergies: _____

Program Required: Toddler _____ **Bridge Street Preschool:** _____
Georges Vanier Preschool _____

Monday Tuesday Wednesday Thursday Friday

Drop Off Time: _____ Pick Up Time: _____

Fees: _____ FF or Sub

Req'd Start Date: _____ Actual Start Date: _____

Referral Source: _____

Reason for Application: _____
ie. Socialization, Delays, Parents Working, etc.

Office Use Only:

Application received by: Telephone [] In Person []