

APPLICATION

For academic year 2010/2011

Please circle which session you are applying for:

Primary Morning

8:45 a.m.-11:45 p.m.

Primary Afternoon

12:45 p.m.-3:45 p.m.

Primary Full-Day

8:45 a.m.-3:45 p.m.

CHILD

Name _____ Male/Female (please circle)

Birth Date: Day ____ Month ____ Year ____ Language spoken at home _____

Has your child had previous school experience? Yes / No (please circle)

If yes, where? _____ Duration: _____

MOTHER

Name: _____

Home Address: _____ Postal Code: _____

Home Phone: _____ Cellular Phone: _____

Occupation: _____ Business Phone: _____

Business Address: _____

FATHER

Name: _____

Home Address: _____ Postal Code: _____

Home Phone: _____ Cellular Phone: _____

Occupation: _____ Business Phone: _____

Business Address: _____

HEALTH INFORMATION

Health card Number: _____

Pediatrician's Name: _____ Address: _____

Phone: _____

Allergies: _____

Restrictions: _____

Physical Impairments: _____

Other: _____

