



WAITING LIST 2024-2025 (please print)

Date of Admission: _____

Date of Discharge: _____

CHILD: Surname _____ Official First Name _____

D.O.B - D: ___ M: ___ Y: ___ **Age as of Dec. 31/23:** ___ Language spoken at home: _____

Previous School _____ How Long? _____

How did you hear about our school? _____

Names and ages of other children in the family: Brothers _____ Sisters _____

PARENT #1 Name: _____ Home address: _____

City: _____ Prov.: _____ Postal Code: _____ Phone: _____

Employer: _____ Occupation: _____

Business Address: _____

Business Tel.: _____ Cell : _____ Email: _____

Custodial Parent: ___ YES ___ NO Call first in case of illness or emergency: ___ YES ___ NO

PARENT #2 Name _____ Home address: _____

City: _____ Prov.: _____ Postal Code: _____ Phone: _____

Employer: _____ Occupation: _____

Business Address: _____

Business Tel.: _____ Cell : _____ Email: _____

Custodial Parent: ___ YES ___ NO Call first in case of illness or emergency: ___ YES ___ NO

Please check off desired program options:

Academic Programs: TODDLER _ CASA _

Extended Hours:

___ Full Program (9am-4pm)

___ Extended Morning (8:00am-9am)

___ Half Day Mornings* (9am-12pm Toddler and Casa)

___ Lunch Supervision for part-time students (12:00pm-1:00pm)

___ Extended Afternoon (4pm-5:00pm)

***Limited spaces**

