

## Pre-Registration Form

**OFFICE USE ONLY**

DEPOSIT RECEIVED  \$125 ( Cheque  Cash  Waived)

CHILD'S INTENDED START DATE(YY/MM/DD): \_\_\_\_\_

INTERESTED PROGRAM: PART-TIME  FULL-TIME

SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

DATE OF BIRTH(YY/MM/DD): \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_  
(SURNAME) (GIVEN NAME) (ALSO KNOWN AS)

CHILD'S FIRST LANGUAGE: \_\_\_\_\_

ADDITIONAL LANGUAGES: \_\_\_\_\_

NAME OF THE CHILD RESPONDS TO AT HOME OR BY PRIMARY CAREGIVERS:

---

ADDRESS:

---

PARENT(S)/GUARDIAN(S):

1) NAME: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

WORK: \_\_\_\_\_ DAYS/HOURS OF WORK \_\_\_\_\_

EMAIL \_\_\_\_\_

2) NAME: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

WORK: \_\_\_\_\_ DAYS/HOURS OF WORK \_\_\_\_\_

EMAIL \_\_\_\_\_