Registration Date	!	



## Pre-Kindergarten Registration Form

2018-2019

		M F
Student's Last Name	First Name (Please Print)	Please circle one
Preferred Student's First Nam	e	
Program Options		
Please indicate your first and secon	nd choice.	
<ul><li>Monday and Wednesday</li><li>Tuesday and Thursday</li><li>No preference</li></ul>		
Students must be four years of age b special needs.)	y Feb. 28, 2019 and fully toilet trained (with	the exception of students with
Student Information		
Has this student accessed or been reco	mmended for intervention services? Yes	No
f yes, please check all that apply:		
Speech Language Therapy Learning	Support Social/Emotional Behavioral Supp	ort Other:
f your child has been assessed, please	indicate who recommended it? (Example: Child's Dr	.)
Allergies:		
<u>Fees</u>		
Pre-Kindergarten. This deposit will be a	r. A registration deposit of \$100 is needed to happlied to your fees leaving a remaining baland posit with a postdated Cheque, please make the	ce of \$900.00 to be paid on or befo
Parent Name	Email:	
Mailing Address		Ph.#