



REGISTRATION FORM

Name of Child: _____ Date of Birth: _____

Applied Program: Infant/ Toddler/ Preschool Full Time/ Part Time _____ M / T / W / TH / F

School/Daycare Previously Attended

Name: _____ Period Attended: _____

Full Fee Paying: \$ _____ per day

OR Government Subsidy: \$ _____ per day File #: _____

*** Please be advised there is a 2 week notice withdrawal policy.
A formal letter must be provided 2 weeks prior to termination date.**

Siblings and Ages:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Date of Enrolment: _____ Day of the Week: _____

Date of Withdrawal: _____ Reason: _____

Please fill in this survey!
How did you hear about us?

By word of mouth, our pamphlets, ad or the newspaper, on the internet,
through the Subsidy Office or other: _____

