

Pre-Registration Form: September _____ (please indicate year)

This Pre-registration is for:

(select one)

- Current Family _____
- New Family _____
- Alumni > year Attended _____

Please Print Clearly:

Please indicate your preferred choice (mark as 1) and secondary choice (mark 2)

Selection	# Days per Week	Program Cost
	2 days per week: Tuesday/Thursday (8:45-11:45)	\$290/mth
	3 days per week: Monday/Wednesday/Friday (8:45-11:45)	\$380/mth
	5 days per week: Monday to Friday (8:45-11:45)	\$580/mth

** Please note fees may change if government grants are reduced without notice.*

Child's Name		Gender:
Child's Date of Birth		Age in September _____ yrs _____ mos
Parent/Guardian name(s)		Phone #
Email		
How did you hear about us?		

Signature: _____

Date: _____

For Registrar Use Only:

Date Received:	Time:	Staff Initials: