



Application Form

Student Name:		
Sex:	Age:	Date of Birth (mm/dd/yy):
Home Address:		
	Postal Code	Home Phone #:
Previous history of communicable disease:		

Parent/Guardian's Name		Parent/Guardian's Name	
Home Address		Home Address	
Work Phone #		Work Phone #	
Work Address	Postal Code	Work Address	Postal Code
E-mail		E-mail	
Home Phone #	Mobile #	Home Phone #	Mobile #
<i>Name(s) to be printed on the Official Tax Receipt</i>			
Program applied: <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool			
Time: <input type="checkbox"/> 8:30 am - 3:45 pm <input type="checkbox"/> 7:30am- 6:00 pm Preferred Starting Date: _____			

By signing below, I acknowledge and understand Victoria Education Centre Waiting List Policy.

Parent's/Guardian's Signature: _____

Date: _____

<u>For Office Use Only (Application)</u>		
Date received: _____	Student # : _____	
Program applied:	Time:	Admission Date: Discharge Date: