



PARKGATE CHILD AND FAMILY CENTRE
My First Preschool
APPLICATION FORM
(JANUARY 2019 – JUNE 2019)

Please note:

- Children in the 2018 - 2019 My First Preschool Program **must be born in 2016**
- Submitting an application form does not guarantee registration into the program
- Upon acceptance, a registration package will be provided to the family
- The program operates two classes (Monday/Wednesday or Tuesday/Thursday). Please indicate below which days your child is able to attend.
- All application forms must be date-stamped and initialed by staff at the Parkgate Community Centre front office.
- PLEASE PRINT CLEARLY.

Child's Name: _____
(Surname) (First Name)

Gender: M F

Birth Date (day/month/year): _____

Name of person completing the form: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Mailing Address: _____
(Street, City, Postal Code)

Program options: Program hours are 9:30 – 11:30 am

- Monday/Wednesday My child can attend on these days
 Tuesday/Thursday My child can attend on these days
 My child can attend either class

Parent/Guardian Signature: _____

Date: _____

(Date and time which form was received by staff)

Staff signature

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