



Application for Enrollment

Date: _____

Requested date of admission _____

Child's Name _____
Surname First Middle

Address _____ City _____

Province _____ Postal Code _____

Phone _____ (W) _____

Cell _____ E-mail _____

Child's Birthday _____ Health Card # _____

Mother / Guardian _____

Father / Guardian _____

OFFICE USE ONLY

Interview Date _____ Time _____

Signed Statement of Faith Rec'd _____ Date Rec'd _____

Committee Approval _____ Teacher Approval _____

Deposit Rec'd _____ Amount _____ Chq# _____ Date _____

Comments _____
