

Application for Kindergarten Enrollment

CHRISTIAN	Date:	
Grade: Junior Kindergarten	or Senior Kindergarten	
Requested date of admission	Part - Time (Mon-Wed-Fri)	Full time
Child's Name	First	Middle
Address	City	
Province	Postal Code	
Phone	(W)	
Cell	E-mail	
Child's Birthday	Health Card #	
Mother / Guardian		
Father / Guardian		
OFFIC	CE USE ONLY	
Interview Date	Time	
Pastoral Letter Rec'd	Date Rec'd	

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

Comments _____

Teacher Approval _____

Committee Approval _____