BURNABY LAKEVIEW EARLY LEARNING CENTRE

(PRE-REGISTRATION FORM)

NAME OF CHILD:															_			
		Last			Fir	st						ſ	Midd	le	_			
EMAIL (please pri	nt clear	ly):																
TELEPHONE #				CI	ELL #													
	Month	Day	Year)															
ADDRESS				 			_ P	OST	ΓAL	СС	DE					 		

Please indicate which class you are interested in (First and second choice) MORNINGS 8:45-11:30

___2 Mornings Tues/Thurs: Ages 3&4

__3 Mornings Mon/Wed/Fri: Age 4

____5 Mornings Mon-Fri: Age 5

AFTERNOONS 12:45-3:15 PM

___2 Afternoons Tues/Thurs: Ages 3 & 4

____3 Afternoons Mon/Wed/Fri: Age 4

__5 Afternoons Mon-Friday: Age 4

Full Days: 8:45 AM - 3:15 PM (Pre-Kindergarten Children, must be turning 4 by the end of December) Designed for children entering Kindergarten the following year. Eligibility requires attendance in the 3-year-old class.

____2 Days Tues/Thurs ____3 Days Mon/Wed/Fri

____5 Days: Mon-Fri

PARENT(S)/GUARDIAN(S) WITH WHOM CHILD LIVES:

Name	Relationship	Name	Relationship				
<u> </u>	have support needs or de	evelopmental concerns t	hat we should be aware of?				
SIGNATURE OF	PARENT	DATE					
REGISTRATION	N FEES ARE <u>NOT REFU</u> NS FEE: \$150.00 (\$50 to ccepted. For more informati	be applied to first mor	ith's fees) barb@lakeviewpreschool.com.				

Completed registration forms can be emailed to: barb@lakeviewpreschool.com

How did you hear about us? _