

Application Form

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Child's Information					
Child's full name * If applying for u			Sex (☑) □ m □ f		
Birth date or EDD (MM/DD/YY) Desired			start date (MM/DD	/YY)	
☐ 3 days a week: ☐ Monday	se see options below) □ Tuesday □ Wednesday □ T □ Tuesday □ Wednesday □ T □ Tuesday □ Wednesday □ T	hursday \square Friday			
Parent's Contact Inform	nation				
Parent's full name	iation				
0.11.11					
Cellular #		Alt. Phone #			_
Email					
How did you hear about us?	ı				
, What interested you in our (
•					
Program Fees			PreK 1/2	Government Fe	ee Parent
	Schedules		Fees	Reduction Portion	
5 days a week			\$1500	- \$900	= \$600
4 days a week			\$1300	- \$720	= \$580
3 days a week *all part-time schedules must include a Monday or a Friday			\$1000	- \$540	= \$460
2 days a week *all part-time	\$775	- \$360	= \$415		
Schedules			PreK 3/4 Fees	Government Fe Reduction Portic	
5 days a week			\$1100	- \$545	= \$555
4 days a week			\$925	- \$435	= \$490
3 days a week *all part-time schedules must include a Monday or a Friday			\$725	- \$325	= \$400
2 days a week *all part-time schedules must include a Monday or a Friday			\$525	- \$215	= \$310
Please note, applying does r waitlist lengths. Generally, w f in future you are offered a * Deposits are \$300 for fu registration. ,	Head Start Pre-Kinder 617 Fourth Ave, New Westn V3M 1S5 not guarantee a space for you we maintain ourselves full an a space, you will be required ull-time and \$200 for part-tin, have read the abounderstand that I will be requi	r or minster ur child. <u>Please cond</u> with a solid 2-1 to pay a depositine. More informa	year waitlist. to hold and secul	startpre-k.com ger and inquire a re the spot. sit will be provide	ed during
comes.				Office use	only:
Parent Signature Date signed				Waitlisted on:	
			Comments:		

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