

Application

*This institution is an equal opportunity provider

Application Date:		Desired Start Date:	
Child Information			
Child			
First Name:	M.I.:	Last Name:	
Name child prefers to be called: _			
Child's Address:			
Gender: ☐ Male ☐ Female	Date of Birth:		
Parent/Guardian Informatio	n		
Mother/Guardian			
First Name:	M.I.:	Last Name:	
Address:			
Occupation:	Employed By:		
Cell Phone:	Home Ph	Home Phone:	
Office Phone:	Email:		
Father/Guardian			
First Name:	M.I.:	Last Name:	
Address:			
	Employed By:		
Cell Phone:	Home Ph	Home Phone:	
Office Phone:	Email:		
General Information □ Full- Time			
How did you hear about St John's	s ECEC?		
Were you referred by someone? I	If so, please list them l	here	
returned, your child will be place	d on the wait list – we	NDABLE Waitlist Fee of \$50. Once both are will notify you once a space becomes available. fee once enrolled. All fees are subject to change.	
Parent Signature:	Date:		
FOR OFFICE USE ONLY:			
☐ Student added to Wait List☐ Student added to Brightwh	on (da eel on	(date)	
☐ Parent email(s) added on (date)			