

Kindergarten

APPLICATION FORM

Child's picture here

2020-2021 2021-2022 2022-2023

Cycle 2

Cycle 1

Child's surname : First name :		
Date of birth : Girl	Boy	
Child's mother tongue: French English Other (specify)		
Languages spoken at home : French English	Other	
Level of French: Level of English:		
Religion : Buddhist Christian Hindu Jewish Muslim Other		
Allergies: Yes No Special medical condition:		
Previous schooling & daycare or kindergarten presently attending :		
Siblings (first name/age)		
Address: N° Street	Apt	
City Postal Co	Postal Code	
Phone : Home Mother's office :	Father's office :	
Mother's name : Father's name :		

PLEASE SEND/RETURN TO THE SCHOOL THE FOLLOWING:

- This application form with your child's picture attached

Mother's country of origin

- A certified copy of your child's birth certificate

Mother's occupation

- A cheque in the amount of \$50 (non-refundable) made payable to EBNDS for administrative fees. Please write your child's name and grade level clearly on the front of the cheque.

How did you learn about EBNDS? Family/Friends___ Publicity___ Web Site___ Other _

Mother's email

Father's country of origin

Father's occupation

Father's email