



## APPLICATION FORM

Collez la photo  
de votre enfant ici

2023-2024  2024-2025  2025-2026

Kindergarten 4	Kindergarten 5	1	2	3	4	5	6
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1<sup>st</sup> cycle      2<sup>nd</sup> cycle      3<sup>rd</sup> cycle

Child's surname : \_\_\_\_\_ First name : \_\_\_\_\_

Date of birth : \_\_\_\_\_ Girl  Boy  Other Gender

Child's mother tongue : French  English  Other \_\_\_\_\_

Language spoken at home : French  English  Other \_\_\_\_\_

Level of French : \_\_\_\_\_ Level of English : \_\_\_\_\_

Religion: Buddhist  Christian  Hindu  Jewish  Muslim  Other \_\_\_\_\_

Allergies : Yes  No  Medical Condition : \_\_\_\_\_

Previous schooling/daycare/Kindergarten presently attending: \_\_\_\_\_

Siblings (first name & age) \_\_\_\_\_

Address : N° \_\_\_\_\_ Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone : Home \_\_\_\_\_ Mother's cell : \_\_\_\_\_ Father's cell : \_\_\_\_\_

Mother's name : \_\_\_\_\_ Father's name : \_\_\_\_\_

\_\_\_\_\_  
Mother's occupation      Mother's email      Father's occupation      Dad's email

\_\_\_\_\_  
Mother's country of origin      Father's country of origin

How did you learn about *EBNDS* ? Family/Friends  Publicity  Web Site  Other

