



helping little minds explore since 1977

www.franklinpreschool.ca

FRANKLIN COMMUNITY PRESCHOOL APPLICATION FORM:

Date: _____

Childs Name: _____

Birthday: _____

Parents/guardians names: _____

Phone #: (H) _____ (C): _____

(W): _____ Email: _____

Prefers to be contacted by: phone or email

Address: _____

City: _____

Postal Code _____

Please circle one:

AM classes 8:45-11:45 or PM classes 12:15- 3:15

3's am	4's am	Pm class	Pm class	Pm class	Pm class
Tues/Thurs	Mon/Wed/Fri	Mon/Wed	Tues/Thurs	Mon/Tues/Wed	Mon-Thurs
\$184	\$247	\$184	\$184	\$247	\$270

Does your child have special have special needs? Yes/No

Are you involved with BC center for Ability? Yes/No

Is your child toilet trained? Yes/No

Does your child currently nap? Yes/No

Languages spoken at home: _____

Please tell us some of your child's strengths?

Please tell us somethings your child is working on:

Comments/Questions or concerns: _____

Date wanted to start: _____ is your child going to Kindergarten: Yes/No

Signature (parent): _____ Signature (teacher): _____

\$75 Registration fee paid: Yes/No

September & June fee paid: Yes/No