

FRANKLIN COMMUNITY PRESCHOOL APPLICATION FORM:

Data	FRANKLI	N COMMUNI	TY PRESCHOOL	APPLICATION FO	<u>DRM:</u>	
Date: Child's Name:			Birthday (DD/MM/YYYY):			
Parent(s)/Gu	ardian(s) names	:				
Phone #: (H)		(C):		(W):		
Email:			Preferred contact: Phone/Email (please circle)			
Address:						
City: Po		Post	stal Code:			
	<u>CE (<i>please circle d</i></u> :45 - 11:45 or PN		5 - 3:15			
3's AM Tues/Thurs \$200 Fees as of Septer	\$285	PM class Mon/Wed \$200	PM class PM Tues/Thurs \$200	class I Mon/Tues/Wed \$285	PM class d Mon-Thurs \$325	
Are you invol Is your child t Does your ch Languages sp	ild have special have with BC centoilet trained? You ild currently napooken at home:	ter for Ability es/No ? Yes/No	? Yes/No			
Please tell us	some things tha	t your child is	working on:			
Comments/C	Questions or Con-	cerns:				
Preferred Start Date: Signature (Parent):				Is your child going to Kindergarten: Yes/No Signature (Supervisor):		
\$70 Registration fee paid: Yes/No				Post-dated September and June fee paid: Yes/No		

250 South Skeena Street Vancouver, BC V5K 4N8