

ERINDALE NURSERY SCHOOL
Preliminary Registration Form

Name of child: _____

Last Name First Name

Name of Parents: _____

Address: _____

House/Apt. # Street

City Postal Code

Phone Number

Email Address (please print clearly): _____

Child's Birth Date: _____

Year Month Day

PROGRAM REQUEST

NURSERY SCHOOL (Mornings only)

_____ 2 Day (\$185.00) Please circle your choice for 2 day program:

Monday/Wednesday **OR** Tuesday/Thursday

_____ 3 Day (\$260.00) Please circle your choice for 2 day program:

Monday/Wednesday/Friday **OR** Tuesday/Wednesday/Thursday

_____ 4 Day (\$315.00) Please circle your choice for 2 day program:

Monday to Thursday **OR** Tuesday to Friday

_____ 5 Day (\$350.00)

JUNIOR/SENIOR KINDERGARTEN (Afternoons only)

_____ 2 Day (\$185.00) Please circle your choice for 2 day program:

Monday/Wednesday **OR** Tuesday/Thursday

_____ 3 Day (\$260.00) Please circle your choice for 2 day program:

Monday/Wednesday/Friday **OR** Tuesday/Wednesday/Thursday

_____ 4 Day (\$315.00) Please circle your choice for 2 day program:

Monday to Thursday **OR** Tuesday to Friday

_____ 5 Day (\$350.00)

Please make cheques payable to Erindale Nursery School Inc.

ENS use only: Registration Fee \$100.00 Cash () Cheque ()

Date Received: _____