



St. Alphonsus School Inc.
343 Munroe Avenue
Winnipeg, MB, R2K 1H2
Tel: (204) 667-6271
Fax: (204) 663-4187

Application Form for Nursery (September 20__)

Name of Student: _____ Birthdate: _____ Gender: _____

Please check:

_____ 2 day program (Tuesday and Thursday 8:30am – 11:30am)

_____ 3 day program (Monday, Wednesday, Friday 8:30am – 11:30am)

Mother's Name: _____

Father's Name: _____

Address: _____

Home Phone #: _____

Work Phone #: _____ Cell Phone #: _____

Email address: _____

Religion: _____

Family Parish: _____

Briefly describe your family's involvement in your Parish/Church:

Briefly describe your reasons for choosing St. Alphonsus Nursery School for your child:

This application is **not** a registration form. It will be kept on file and you will be contacted with registration information.

Date Received: _____ (Office use only)