

Application Form for Nursery (September 20__)

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



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)

******Information on Nursery Afternoon Care is on the back side of this application. ******

In order for us to provide appropriate educational programming, please indicate any services your child has received:

Speech Language Pathology ___ Psychology ___ Physiotherapy ___ Occupational Therapy ___

MOTHER

FATHER

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 School for your child:

This application is **not** a registration form. It will be kept on file and you will be contacted prior to the registration date. *****Please see the reverse side.*****

Office Use Only

Date Received: _____

Notes: _____

Nursery Afternoon Care

Family Name: _____ Child's Name: _____

Nursery Afternoon Care runs from 11:30 AM- 3:00 PM.

_____ We need afternoon care for our child:

We are applying for: _____ 2-day program (\$106.50/month full time, \$18/day casual)

_____ 3-day program (\$147 full time/month, \$18/day casual)

_____ My child will need care full time.

_____ My child will need care on a casual basis.

_____ We do not need afternoon care for our child.

Please note, if you require child care beyond 3:00 PM, you can register your child for the Circle of Friends After School Program. This program is for all school students. It runs from 3:00-6:00 PM and costs \$7/day.