Application Fo		<i>,</i> , ,	1 ber 20) (204) 667-6271, Fax: (204) 663-4	4187 41 87
Name of Student:		Birthdate:	Gender:	
**We are also applying	for our child(ren) in Gr	ade(s):		
Please check: 2 day pro	gram (Tuesday and Th	ursday 8:30am – 1	1:30am)	
3 day pro	gram (Monday, Wedne	esday, Friday 8:30a	am – 11:30am)	
*****Information	on on Nursery Afterno	on Care is on the L	back side of this application	n. *****
In order for us to provid received:	e appropriate educatio	nal programming,	please indicate any service	es your child has
Speech Language Pathol	logy Psychology _	Physiotherapy	Occupational Therapy _	
	MOTHER	FA	THER	
Name:				
Address:				
Contact Phone #(s):				
Email address:				
Religion:				
Family Parish:				
Briefly describe your fan	nily's involvement in yo	our Parish/Church:	:	
Briefly describe your rea	isons for choosing St. A	Iphonsus School f	or your child:	
This application is <u>not</u> a re date if a space is available			ou will be contacted prior to th rse side. ****	ne registration

	Office Use Only
Date Received:	
Notes:	

Nursery Afternoon Care

Family Name:	Child's Name:
I	Nursery Afternoon Care runs from 11:30 AM- 3:00 PM.
We need afternoor	n care for our child:
We are app	lying 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.