| Application Form St. Alphonsus School Inc., 343 Mun | | <i>,</i> , , , | | / | Sc algebranes School 4) 663-4187 |
|---|--------------------|------------------|---------------|------------------|-------------------------------------|
| Name of Student: | | _ Birthdate: | | Gende | er: |
| **We are also applying for ou | ır child(ren) in G | rade(s): | | | |
| Please check: 2 day program | (Tuesday and Th | าursday 8:30ar | n — 11:30a | m) | |
| 3 day program | (Monday, Wedn | iesday, Friday (| 8:30am – : | L1:30am) | |
| *****Information on | Nursery Afternc | oon Care is on | the back s | ide of this appl | ication. ***** |
| In order for us to provide app received: | ropriate educatio | onal programn | ning, pleas | e indicate any s | ervices your child has |
| Speech Language Pathology _ | Psychology_ | Physiother | ару О | ccupational The | erapy |
| MC | <u>DTHER</u> | | <u>FATHER</u> | | |
| Name: | | | | | |
| Address: | | | | | |
| Home Phone #: | | | | | |
| Work Phone #: | C(| ell Phone #: | | | |
| Email address: | | | | | |
| Religion: | | | | | |
| Family Parish: | | | | | |
| Briefly describe your family's i | involvement in y | our Parish/Chu | urch: | | |
| Briefly describe your reasons | for choosing St. , | Alphonsus Sch | ool for you | ır child: | |
| This application is <u>not</u> a registrat date if a space is available for yo | | | | | or to the registration |
| Date Received: Notes: | |)ffice Use Only | | | |

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 (\$110.00/month full time)

 ______3-day program (\$155/month full time)

 We do not need afternoon care for our child.

Please note, if you require childcare 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 \$8/day.