



APPLICATION FORM

Leslie Campus

Student's Name		
Sex	Age	Date of Birth (mm/dd/yy)
Home Address		
	Postal Code	Home Phone #
Previous history of communicable disease:		

Mother's/Guardian's Name		Father's/Guardian's Name	
Home Address		Home Address	
Work Phone #		Work Phone #	
Work Address	Postal Code	Work Address	Postal Code
E-mail		E-mail	
Home Phone #	Mobile #	Home Phone #	Mobile #
Name(s) to be printed on the Official Tax Receipt			
Program applied: <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten (JK / SK)			
Time: _____		Preferred Starting Date: _____	

By signing below, I acknowledge and understand Victoria Education Centre Waiting List Policy.

Parent's/Guardian's Signature: _____

Date: _____

For Office Use Only (Application)	
Date received: _____	Student #: _____

For Office Use Only (Registration)

A Registration Fee of @300 is required at the time a space is offered and accepted. This registration fee is **non-refundable and non-transferable** and will not go towards the monthly tuition payments.

Message:

Tuition Fee: _____ Last Month Deposit: _____ Registration Fee: _____
Total: _____ Cash / Cheque: _____ Date received: _____

Program applied:	Time:	Admission Date: Discharge Date:
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