

1. Please choose a program

Program	Age (by Oct 1)	Check One
Toddler	1.5 – 3 years	<input type="radio"/>
Preprimary	3 – 5 years	<input type="radio"/>
Kindergarten	5 – 6 years	<input type="radio"/>

2. Please choose a session

Core Session	Timings	5 days/week	3 days/week
Full-Day + Extended Hours (Before & After)	7:00am – 6:30pm	<input type="radio"/>	<input type="radio"/>
Full-Day	8:45am – 3:15pm	<input type="radio"/>	<input type="radio"/>
Half-Day (Morning)	8:45am – 11:30am	<input type="radio"/>	<input type="radio"/>
Half-Day (Afternoon)	12:30pm – 3:15pm	<input type="radio"/>	<input type="radio"/>

3. Please indicate Extended Care options

Extended Care Session	Timings	5 days/week	3 days/week
Before Care	7:00am – 8:45am	<input type="radio"/>	<input type="radio"/>
After Care	3:15pm – 6:30pm	<input type="radio"/>	<input type="radio"/>

4. Does your child have any allergies and/or dietary restrictions? Please indicate.

Parent's Signature: _____

Date: _____
 MM/DD/YYYY