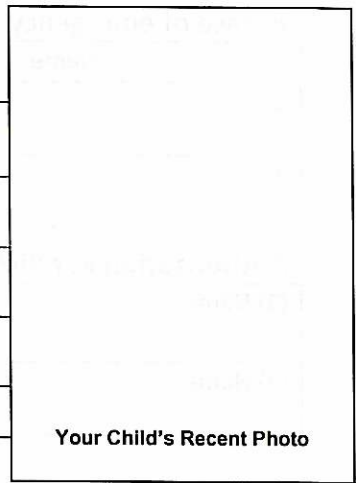




APPLICATION FORM

Student Surname and First Name		Gender: M / F	
Date of Birth (mm/dd/yy)		Languages spoken at home:	
Home Address			
City	Postal Code	Home phone #	
Citizenship: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other			
Name of Last School Attended and Grade Completed:			
How would you describe your child's personality and learning Style?			



Your Child's Recent Photo

Mother/Guardian's Name		Father/Guardian's Name	
Home Address		Home Address	
Employer	Occupation	Employer	Occupation
Business Address		Business Address	
E-mail:		E-mail:	
Mobile #	Work #	Mobile #	Work #
Name(s) to be printed on the Official Tax Receipt			

HEALTH INFORMATION

Student's Health Card #	Doctor's Name
Doctor's Address	Doctor's Phone #
Special Needs. Please state medical diagnosis and treatment if any	
Any allergies with Symptoms	
Ongoing Medication	
Special requirements regarding rest/exercise	
Dietary Restriction	
Previous history of communicable disease:	

In case of emergency, the person(s) **other than parents** we can contact in priority.

Name	Relationship	Phone Number
1.		
2.		

Authorization For Pick-up

(1) Name	Relationship	Phone #
(2) Name	Relationship	Phone #

TUITION SCHEDULE AGREEMENT:

I agree to abide by all of Victoria Education Centre regulations, policies and to attend all meetings deemed necessary to advance the education and well being of my child. I further agree to read the accompanying tuition schedule. I am aware that in requesting my child to be placed on the admissions waiting list, a \$150.00 non-refundable Application Fee is required along with the signed Tuition Schedule Agreement and the Parent Participation Policy.

PARENT PARTICIPATION POLICY:

To enroll my child, I am aware that I will need to read and follow the policies and procedures in the Parents/Student Handbook, provide the full Materials Fee, Application Fee and a Tuition Deposit equal to one month's tuition must be submitted. The Tuition Deposit will be credited to the Student's account for the final month of the program. The Materials Fee and Application Fee are non-refundable under any circumstances. A 30-day written notice is required to discharge my child from the program.

PROGRAM APPLYING

<input type="checkbox"/> Lower Elementary (Grades 1 to 3)	<input type="checkbox"/> 8:30am – 3:30pm
	<input type="checkbox"/> 7:00am – 6:30pm

Signature of Parent/Guardian: _____ Date: _____

<u>For Office Use Only</u>		
Date received: _____	Admission Date: _____	Discharge Date: _____
Application Fee : _____	Tuition Fee: _____	Class: _____
Total (Cash / Cheque): _____	Student Number: _____	