

Children's All Day School

Application for Pre-School

Child must be 2 by September 1st for entrance to Pre-School

(Please print clearly and write above the line)

Please attach a recent
photograph of the
applicant

(optional)

Child's full name _____ Sex _____ Nickname _____

Country of birth _____ Date of birth _____ For entrance (check one) Immediate Fall 2010

Program (check one)
 Full time (5 full days per week) Part time (3____or, 4____full days per week) 5 Mornings (available for 2, 3 or 4 year olds only)

Siblings (name(s) age(s) and school(s) attending) _____

Mother's name _____ Cell phone _____ Home phone _____

Home address (including zip code) _____ E-mail address _____

Business (name of firm) _____ Business address _____ Business phone _____

Type of business _____ Position held _____

Father's name _____ Cell phone _____ Home phone _____

Home address (including zip code) _____ E-mail address _____

Business (name of firm) _____ Business address _____ Business phone _____

Type of business _____ Position held _____

Child's previous school or child care _____

Through what source did you learn about CADS? (If a friend, please give name) _____

AN APPLICATION FEE OF \$40 MUST ACCOMPANY THIS FORM

Signature _____ (Please print your name) _____ Date _____