



**west london
CO-OPERATIVE
preschool**

555 Springbank Drive, London, ON N6J 1H3

STUDENT APPLICATION FORM

Child's Name:	Gender: Male Female		
Child's Address:	Birthdate: (dd/mm/yy):		
	Home Phone:		
Parent/Care Giver Information			
Mother's Name (and Address if different from above):	Home Phone (if different from above):		
	Cell Phone:		
	Occupation:		
	Business phone/Address:		
e-mail Address (for school purposes only):			
Father's Name (and Address if different from above):	Home Phone (if different from above):		
	Cell Phone:		
	Occupation:		
	Business phone/Address:		
e-mail Address (for school purposes only):			
Parent's Interests:			
Sibling Information			
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:
Emergency Contacts (if unable to reach parents)			
Name:	Relationship:	Contact Number(s):	
Name:	Relationship:	Contact Number(s):	
Program Choice:	2AM Program	3AM Program	5AM Program
How Did you hear about us?			
Signature:		Date:	

All Required forms must be completed in full and submitted (with required fees) to the registrar before your child can attend their first class.

Registrar Only	Start Date:	Withdrawal Date
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The Ministry requires that we are able to contact parents **at all times** during which your child is under the care of West London Co-operative Preschool.

Please fill out the attached form **IN FULL** as well as the contact chart below for the mornings that your child is in school.

Child's Name:		Birthdate (dd/mm/yy):		Class: 2AM 3AM 5AM	
Parent(s)/Legal Guardian(s):					
	Parent/Legal Guardian:			Parent/Legal Guardian:	
Monday	Contact number:	Business Name/ Address:		Contact number:	Business Name/ Address:
Tuesday	Contact number:	Contact Address:		Contact number:	Contact Address:
Wednesday	Contact number:	Contact Address:		Contact number:	Contact Address:
Thursday	Contact number:	Contact Address:		Contact number:	Contact Address:
Friday	Contact number:	Contact Address:		Contact number:	Contact Address:
	Contact number:	Contact Address:		Contact number:	Contact Address:
	Contact number:	Contact Address:		Contact number:	Contact Address:

Emergency Contacts (if unable to reach parents)		
Name:	Relationship:	Contact Number(s): Contact Address:
Name:	Relationship:	Contact Number(s): Contact Address:

*Special Notes: