



EDUCATIONAL CENTRE PROVIDENCE
ANTONINE SISTERS
OTTAWA CANADA

Year 20__ / 20__	PRE-REGISTRATION FORM	Recent Photo Of Student
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PRIORITY TO FAMILIES WHOSE CHILDREN ATTEND THE ACADEMY Will your child attend the Providence Academy? Yes <input type="checkbox"/> ; No <input type="checkbox"/> Do you have a child already attending the Providence Academy? Yes <input type="checkbox"/> ; No <input type="checkbox"/>
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Personal Information of Student

Surname		Name		Gender	F <input type="checkbox"/>	M <input type="checkbox"/>
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Date of birth Day/Month/Year		Age	
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Any past experience in daycare?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you considering a subsidized space?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Mother Tongue	French <input type="checkbox"/>	English <input type="checkbox"/>	Other, please specify :
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Family Information		
	Father	Mother
Surname		
Name		
Telephone/Work		
Cellular		
E-mail /Work		
Spoken languages	<input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other: _____	<input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other: _____

Student's Health Information

Health Card Number →		
Does your child have a developmental delay diagnosed by a physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please specify :
Does your child have any other special need?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please specify :
Does your child have any food allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please specify :
Does your child have any environmental allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please specify :
Does your child take any medication prescribed by a physician for his allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please specify :

Details of Pre-registration

Are you looking for a full or part-time space for your child?	Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Please indicate approximate arrival and departure times	Arrival : _____ Departure : _____
Tentative start date	

Signature of Director: _____ Today's date: _____

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