



EDUCATIONAL CENTRE PROVIDENCE  
ANTONINE SISTERS  
OTTAWA CANADA

Year 20__ / 20__	<b>PRE-REGISTRATION FORM</b>	Recent Photo Of Student
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<b>PRIORITY TO FAMILIES WHOSE CHILDREN ATTEND THE ACADEMY</b> 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**

<b>Surname</b>		<b>Name</b>		<b>Gender</b>	F <input type="checkbox"/>	M <input type="checkbox"/>
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<b>Date of birth</b> Day/Month/Year		<b>Age</b>	
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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"/>

<b>Mother Tongue</b>	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**

<b>Health Card Number</b> →		
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?	<b>Full time</b> <input type="checkbox"/> <b>Part time</b> <input type="checkbox"/>
Please indicate approximate arrival and departure times	<b>Arrival :</b> _____ <b>Departure :</b> _____
Tentative start date	

Signature of Director: \_\_\_\_\_ Today's date: \_\_\_\_\_

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**CLICK HERE to SUBMIT FORM**