



APPLICATION FOR WAITING LIST

DATE OF APPLICATION _____ **DATE FOR ADMISSION** _____

STUDENT

Last Name _____ First Name _____
 Date of Birth _____

Please note: the part-time programs are only available for pre-school students under 4 years of age by December 31, 2011.

PROGRAM :

1- Pre-school Casa Program 2.5 to 3.8 at entry

	<u>Mon. to Fri.</u>	<u>Mon/Wed/Fri</u>	<u>Tue/Thu</u>
AM's ~ 9:00am to 11:30 am	<input type="checkbox"/> 5days	n/a	n/a
PM's ~ 1:00 pm to 3:30 pm	<input type="checkbox"/> 5days	n/a	n/a
Full Day	<input type="checkbox"/> 5days	<input type="checkbox"/> 3days	<input type="checkbox"/> 2days

2- JK/SK Casa Program Mon. to Fri. 5days

3- Elementary (Specify Grade Equivalency 1, 2 or 3) _____ Mon. to Fri. 5days

FAMILY -Parents &/or Guardian(s):

Mother: Last name _____ First name _____

Home Address _____
City _____ Postal Code _____

Home telephone () _____ Business telephone() _____ Cell number() _____

Family Email Address (for school correspondence purposes only) 1 _____

Father: Last name _____ First name _____

Home Address Same As Above (If different **list below**).

Home Address _____
City _____ Postal Code _____

Home telephone () _____ Business telephone() _____ Cell number() _____

Administrative Notes : Date contacted _____ <input type="checkbox"/> Accepted <input type="checkbox"/> Declined Other comments: _____
