

2018/19 BURNABY LAKEVIEW PRESCHOOL (PRE-REGISTRATION FORM)

NAME OF CHILD: _____
Last First Middle

Email (please print clearly) : _____

TELEPHONE # _____ CELL # _____

BIRTHDAY _____
(Month Day Year)

ADDRESS _____ Postal Code _____

CLASS PREFERENCE: PLEASE CHECK YOUR FIRST CHOICE

Mornings 8:45-11:45

- 2 Days (3 year Old's) Tues/Thurs \$190/month
- 3 Days: (4 year Old's) Mon/Wed/Friday \$260/month
- 5 Days Mon-Friday \$450/month

Afternoons 12:45-3:15 PM

- 2 Days Tues/Thurs \$170/month
- 3 Days Mon/Wed/Friday \$240/month
- 5 Days Mon-Friday \$390/month

If you are unable to get the class of your choice, would you like to be registered into an alternate class? If so please indicate which class: _____

PARENT(S)/GUARDIAN(S) WITH WHOM CHILD LIVES:

Name relationship name relationship

HAS YOUR CHILD PREVIOUSLY ATTENDED **THIS** PRESCHOOL? YES/NO

SIGNATURE OF PARENT _____ DATE _____

REGISTRATION FEES ARE NOT REFUNDABLE!

REGISTRATIONS FEE: **\$100.00 (\$50 to be applied to first month's fees)**

Please make cheques payable to: **B.L.P.A.**

Registrations may be mailed to:

BURNABY LAKEVIEW PRESCHOOL
7777 Mayfield Street,
Burnaby, B.C. V5E 2J5 604 522-5515

For more information, please contact:

Burnaby Lakeview Preschool
Barb, Director barb@lakeviewpreschool.com

How did you hear about us?

<p>Office Use only Payment received Amount \$ _____ Date: _____ Initialed by: _____</p>
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