

# BURNABY LAKEVIEW PRESCHOOL

## PRE-REGISTRATION FORM

NAME OF CHILD: \_\_\_\_\_  
Last First Middle

TELEPHONE # \_\_\_\_\_ BIRTHDAY \_\_\_\_\_  
(Month Day Year)

ADDRESS \_\_\_\_\_  
Postal Code \_\_\_\_\_

Email \_\_\_\_\_

### CLASS PREFERENCE: (PLEASE CHECK YOUR FIRST CHOICE)

\_\_\_\_\_ 3 year old morning class (Tues/Thurs 9:15-11:15 a.m.)

\_\_\_\_\_ 3 year old afternoon class (Tues/Thurs 12:45-2:45 p.m.)

\_\_\_\_\_ 4 year old morning class (Mon/Wed/Fri 9:15-11:30)

\_\_\_\_\_ 4 year old afternoon class (Mon/ Wed/Fri 12:30-2:45)

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 !**

REGISTRATION FEE : **\$50.00**

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 522-5515  
Barb Jefferys, Director  
barb@lakeviewpreschool.com

How did you hear about us?

#### **Office Use only**

Payment received

Amount \$ \_\_\_\_\_

Date: \_\_\_\_\_

Initialed by: \_\_\_\_\_