



Trinity Preschool, Inc. Registration Form

25 LAKEVIEW ST., ST. BRUNO, QUEBEC, J3V 2L4, 514-796-2213

Child's family name: _____ Given name: _____
Date of birth: ____ / ____ / ____ Address: _____
City: _____ Postal code: _____
Telephone number: _____ E-Mail: _____
Mother's name: _____ Tel. Office: _____
Father's name: _____ Tel. Office: _____
Mother's occupation: _____ Father's occupation: _____
Language (s) spoken at home: _____
Income tax receipt in the name of: _____
Social Insurance Number: _____
Program: 3 days 4 days 5 days
Days: Monday Tuesday Wednesday Thursday Friday
Does your child have brothers or sisters? _____
Name: _____ Birth Date: _____
Name: _____ Birth Date: _____
Has your child attended another preschool, daycare, or playgroup? _____
Has your child been subjected to any stress recently? _____

Is your child characteristically calm, shy, friendly, fearful, aggressive, independent, nervous?

Please underline which best describes your child. Please indicate any other information which you feel would be useful for the teacher to best understand your child.

Parent Signature: _____