



Revised June 2005

CHILD DEVELOPMENT CENTRE

REQUEST FOR KINDERPLACE PLACEMENT

Name of Child: _____

Date of Birth: _____ Gender: Male Female

Parent(s)/Guardian(s):

Name: _____
Address: _____
City: _____ Postal Code: _____
Telephone: (Home) _____ (Work) _____

Please Specify Below Any:

Health Concerns: _____

Temperament/Behaviour Concerns: _____

Diagnosis or Special Needs: _____

Allergies: _____

Other Reasons for Requesting Placement: _____

Class Time Preferred:

For the School Year: _____

- Morning 9:00 – 11:30 AM
 Afternoon 1:00 – 3:30 PM
 Two Day Four Day Any Available Class
 Tuesday/Thursday or Wednesday/Friday
 Tuesday/Wednesday/Thursday/Friday

Date: _____ Signature: _____