

SAINT FRANCIS DE SALES CENTRE

WAIT-LIST REGISTRATION FORM

CARE SHARE PROGRAM (CSP)

Application Date: _____

Usual Surname: _____ Legal Surname: _____

Father's First Name: _____ Mother's First Name: _____

Address: _____

Home Phone # _____ Business Phone # _____

Cell Phone # (F) _____ Cell Phone # (M) _____

Email Address _____

S.F.d.S Parish Information (Please Fill Out-- If Applicable)

Religion: _____ Child Baptized: _____ @ _____
(Religion) (Church)

Parish: _____ S.F.D.S. Envelope # _____
(Family Attends)

Previous School: _____ Present School: _____

CHILD'S FIRST NAME	BIRTHDAY/GRADE	DATES/TIMES NEEDED (Please write if flexible)

***** PREFERENCE WILL BE GIVEN TO CHILDREN REQUIRING BOTH
BEFORE & AFTER SCHOOL CARE (FULL TIME) *****

FOR OFFICE USE
Application Date: _____
Waiting List (CSP): _____ Accepted: _____ (Date) (Date)