



174 First Avenue, Ottawa Ontario, K1S 2G4  
(613) 276-7974 www.gmcaps.com

## Pre-Registration Form for Preschool Programs (2s or 3s)

Your child's name will be placed on a waiting list upon receipt of this form.

**CHILD'S NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**PARENT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

Did your child's siblings attend Good Morning preschool programs for 2s or 3s? **YES / NO**

If **YES**, please provide siblings' name(s) and year(s) they attended:

\_\_\_\_\_  
\_\_\_\_\_

**CHOOSE PROGRAM: For the appropriate year(s), please circle the program(s) you wish your child to attend:**

2-Year-old Morning Program 2017-2018 (Tuesday & Thursday)

2-Year-old Morning Program 2018-2019 (Tuesday & Thursday)

2-Year-old Morning Program 2019-2020 (Tuesday & Thursday)

3-Year-old Morning Program 2017-2018 (Monday, Wednesday & Friday)

3-Year-old Morning Program 2018-2019 (Monday, Wednesday & Friday)

3-Year-old Morning Program 2019-2020 (Monday, Wednesday & Friday)

**Parent's Signature:** \_\_\_\_\_ **Date and Time:** \_\_\_\_\_