

**2017-2018
Registration form**

Child's name: _____ Prefers to be called: _____

Date of Birth (D.O.B): _____ M / F

Allergies/ Medical condition: _____

Parent name: _____ Cell #: _____

Home #: _____ Office #: _____

Home address: _____

Email: _____

Parent name: _____ Cell #: _____

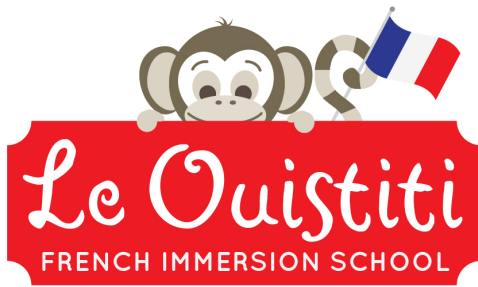
Home #: _____ Office #: _____

Home address (if different from above): _____

Email: _____

Siblings: a. Name: _____ D.O.B: _____

b. Name: _____ D.O.B: _____



Any information you would like to share with us about your child and your choice of a French immersion program (interests, fears...):
