



LEROUX FROEBEL BILINGUAL SCHOOL

72 Main Street Toronto, Ontario M4E-2V7

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www.lerouxfroebel.com

REGISTRATION FORM

Child's Name _____ Date of Birth (mm/dd/yyyy) _____

Address _____ Postal Code _____

Home Phone _____

Parent's Address & Phone (if different) _____

Parent's Name (Mother/Father) _____

Workplace Address _____

Occupation _____ Work Phone _____

Email _____ Cell Phone _____

Parent's Name (Mother/Father) _____

Workplace Address _____

Occupation _____ Work Phone _____

Email _____ Cell Phone _____

Child's Doctor's Name _____

Address _____ Phone _____

Emergency Contacts: (Other than Parents)

1) Name _____ Home Phone _____

Address _____ Cell Phone _____

2) Name _____ Home Phone _____

Address _____ Cell Phone _____

Which days will your child attend? _____

Non-refundable administrative fee of \$100.00 is due upon confirmation of admission. A one month written notice is required for withdrawal.

Parent/ Guardian Signature _____ Date _____

For Office Use

Administrative Fee Paid _____

Date of Admission _____ Date of Departure _____