

Application for Observation Nursery Program

Parent/Guardian _____
Parent's Last Name First Name

Full address _____

Tel. # _____ E-mail: _____

Child's Name _____
Child's Last Name First Name

Date of Birth _____
Month/Day/Year

Please mail this application along with a 100.00 non-refundable deposit (cheque only) payable to Concordia University to:

Early Childhood Education Secretary
Department of Education, Room FG-5.150
Concordia University
1610 Saint-Catherine Street W.
Montreal, Quebec
H3H 2S2

Parental Declaration

By signing below, I declare having received, read, and understood the present contract as well as the Parent Handbook including General Information and Program Philosophy. Furthermore I agree to abide by the conditions.

Parent's Signature

Date: Month/Day/Year

* Please note registration in the program is based on a first-come-first-served basis. Applications without a cheque will not be considered. Should a parent submit an application with the registration fee and a place is not available the registration fee will be returned. The child will be placed on our waiting list and the parent contacted should a space become available.