

## **TODDLER INFORMATION**

Name:				
Surname	Given Name			Middle Name
Address:				
	Street and Number			Apt. #
City	Province			Postal Code
		_	_	_
Date of Birth:	/Month	/ Voor	Male	Female
Day	Month	Year		
PARENT INFORMATIO	N			
FATHER/GUARDIAN:				
Surname	Given Name			Middle Name
Address:	Street and Number		Apt. #	
(j ujjerene jrom stadeno)		E Maile		
City Province	Postal Code			
Telephone (Home)	(Bus.)		(Cell)	
	(203.)/		(00.1)	
MOTHER/GUARDIAN:				
Surname	Given Name			Middle Name
Address:	Street and Number		Apt. #	
(ij dijjerent from student)		E Maile	•	
City Province	Postal Code	E-IVIAII:		
Telephone (Home)	(Bus.)		(Cell)	
-	k of March 24th to the week	of May 26th, 20	25 (10 wee	ks)
Each child must be accompanied	by a parent or authorized adult.			
SESSION OPTIONS:				
Please select your prefer	rred session(s):			
		Both Wednes	day and Fri	day Sessions
			suay and th	
TUITION FEES:				
□ \$250 for one session	norwook			
\$250 for one session				
\$480 for two session	s per week			
Important:				
Important:	t along with this completed apro	Ilmont form All c	accione ara e	chadulad from 0:00 AM to
	t along with this completed enro yable to Leonardo Da Vinci Acad	-		-
			-	
_	e use of photographs, tapes, digi		s in which th	ey or their children are
jeatured to be used for pro	motional or archival purposes o	niy.		

Signature:

MOTHER/GUARDIAN SIGNATURE

Date: