

TODDLER INFORMATION

Name:					
Surname	Surname Given Name				Middle Name
Address:					
	Street and Number				Apt. #
City				Postal Code	
Date of Birth:	/		/	Male	Female
Day		Month	Year		
PARENT INFORMATIO	ON				
FATHER/GUARDIAN:		Given Name			Middle Manage
Address:		Given Name			Middle Name
(if different from student)		reet and Number		Apt. #	
City Province	Postal Code	. \		(c. 11)	
Telephone (Home)	(Bus.)		_ (Cell)	
MOTHER/GUARDIAN:		Given Name			Middle Name
Address:	2	Given Nume			initute nume
(if different from student)	Street and Nu	Street and Number		Apt. #	
			E-Mail:		
City Province Telephone (Home)	Postal Code	Rus)		(Cell)	
Program runs from we Each child must be accompanie	-		ek of Decembe	er 8 ^{ull} 2025	
SESSION OPTIONS: Please select your prefer	red session(s).				
Monday Session		sday Session	🗌 Friday S	Session	
·		,			
TUITION FEES:					
\$325 for the 13 Mon	•				
 \$350 for the 14 Wed \$350 for the 14 Frida 	•				
	y sessions				
Important:					
Please include full payment alo				eduled from 9:00	AM to 10:00 AM. Cheques ar
payable to Leonardo Da Vinci A *Parents agree to allow the use				or their children c	ire featured to be used for
promotional or archival purpos		angitar intrages Of			

or Signature:

MOTHER/GUARDIAN SIGNATURE

Date: ___