



Italian Immersion Toddler Program



PROGRAM APPLICATION PLEASE PRINT

TODDLER INFORMATION

Name: _____
Surname Given Name Middle Name

Address: _____
Street and Number Apt. #

City _____ Province _____ Postal Code _____

Date of Birth: _____ / _____ / _____ Male ☐ Female ☐
Day Month Year

PARENT INFORMATION

FATHER/GUARDIAN: _____
Surname Given Name Middle Name

Address: _____
(if different from student) Street and Number Apt. #

City _____ Province _____ Postal Code _____ E-Mail: _____

Telephone (Home) _____ (Bus.) _____ (Cell) _____

MOTHER/GUARDIAN: _____
Surname Given Name Middle Name

Address: _____
(if different from student) Street and Number Apt. #

City _____ Province _____ Postal Code _____ E-Mail: _____

Telephone (Home) _____ (Bus.) _____ (Cell) _____

Program runs from the week of January 5th, 2026 to the week of March 9th 2026

Each child must be accompanied by a parent or authorized adult.

SESSION OPTIONS:

Please select your preferred session(s):

☐ Monday Session ☐ Wednesday Session ☐ Friday Session

TUITION FEES:

- ☐ \$225 for the 9 Monday sessions
☐ \$250 for the 10 Wednesday sessions
☐ \$250 for the 10 Friday sessions

Important:

Please include full payment along with this completed enrollment form. All sessions are scheduled from 9:00 AM to 10:00 AM. Cheques are payable to Leonardo Da Vinci Academy, or you may e-transfer at admissions@ldva.on.ca.

**Parents agree to allow the use of photographs, tapes, digital images or films in which they or their children are featured to be used for promotional or archival purposes only.*

Signature: _____ or Signature: _____ Date: _____
FATHER/GUARDIAN SIGNATURE MOTHER/GUARDIAN SIGNATURE