Italian Immersion Drop-In Toddler Program

villa charities

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. #*

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

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

MOTHER/GUARDIAN: _____
Surname *Given Name* *Middle Name*

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

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

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

Program runs from the week of September 14th, 2026 to the week of December 14th, 2026

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

SESSION OPTIONS:

Please select your preferred session(s):

☐ Tuesday Session ☐ Thursday Session ☐ Friday Session

TUITION FEES:

☐ $350 for the 14 Tuesday sessions
☐ $350 for the 14 Thursday sessions
☐ $350 for the 14 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*