



PRESCHOOL WAITLIST APPLICATION 2021-2022

Enrollment information	
Date of application (mm/dd/yy):	
Desired start date (mm/dd/yy):	
Age at desired start date (years & months):	
Program type (select one):	
<input type="checkbox"/> Early Learning program (1.5 to 3.5 years) <input type="checkbox"/> Pre-kindergarten program (3.5 to 5 years)	

Requested preschool schedule <i>*Please indicate requested preschool days - ADE cannot guarantee availability for part-time days requested</i>				
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>

Student information		
First name:	Middle name:	Last name:
Date of birth (mm/dd/yy):	Gender (select one): <input type="checkbox"/> Male <input type="checkbox"/> Female	Language(s):
Phone number:	Address:	
City:	Province:	Postal code:

Parent information		
First name:	Last name:	Relation:
Phone number:	Email:	
Address:	City:	Postal code / Province:
First name:	Last name:	Relation:
Phone number:	Email:	
Address:	City:	Postal code / Province:



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Developmental information	
Potty-trained: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Developing skill	Eats / drinks independently: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Developing skill
Attended preschool / child care program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Requires parent-separation transition (EL program)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Special needs diagnosis: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify:	Requires 1:1 support in a group setting: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current therapies (type, clinic / therapist, frequency):	
ADE therapies (select requested therapies): <input type="checkbox"/> Behavioural intervention (ABA) <input type="checkbox"/> Speech-language therapy <input type="checkbox"/> Occupational therapy	
Other important information:	

STEPS TO APPLY:

- 1) Create a profile and register to our waitlist online using La Place 0-5. Here is the link to our waitlist:
<https://www.laplace0-5.com/notice?id=bd9317a8-e865-368c-a8a9-707e2ed9d5b2>
- 2) Submit the preschool waitlist application form via email
services@academiedelenfance.com
- 3) Once a spot becomes available, ADE will contact you to set up a preschool visit and establish a start date. ADE will send you the preschool registration package to complete before your preschool visit. Registration packages must be submitted prior to your preschool visit.

FOR ADMINISTRATIVE USE ONLY		
Preschool visit (date)	Registration package (date)	In-person visit (date)
(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)