

## PRESCHOOL EARLY LEARNING PROGRAM (PELP) REGISTRATION FORM

CECTION 1. ADD	Please Print Clearly				
SECTION 1: APPLICANT INFORMATION CHILD'S AGE VERIFIED: Ves No					
Applicant's Last Name		Applicant's First Name		Relationship to Child	
				Parent Legal Guardian	
Child's Last Name		Child's First Name		Male Child's Date of Birth	
				(dd/mm/yyyy)	
				Female	
<b>SECTION 2: APP</b>	ICANT ADDRESS		ADDRESS V	ERIFIED: 🔲 Yes 🔲 No	
Street # Street Name:			Apt# or PO Box:	Telephone:	
City/Towns			De stal Ce de :	No	
City/Town:			Postal Code:	Municipality/Township:	
SECTION 3: CHILD CARE INFORMATION					
Name of Agency and Contact Name:		Address of Agency:		Agency Telephone:	
SECTION 4: CHILD'S SCHEDULE					
Child's Schedule Monday		Tuesday	Wednesday	Thursday Friday	
	🗖 am 🗖 pm	am pm	am pm	am pm am pm	
Extended Care is required: AM LUNCH PM Not applicable					
SECTION 5: CONSENT TO RELEASE INFORMATION					
The Best Start Initiative is required to conduct research and evaluation on regular basis. An important component of					
this research is to determine the effectiveness of the Early Learning Program of which your child is a participant. The					
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Collection of this information will be used to assess eligibility for PELP. You may be contacted in the future for research and evaluation purposes. If you have any questions please discuss this with your child care provider.