



Kiowa Farm Preschool Enrolment Application

Today's Date: _____

Requested Start Date: _____

Child's Name: _____

Child's Date of Birth: _____

Parents' Names: _____

Address and Postal Code: _____

Phone Numbers: _____

E-mail Addresses: _____

Please circle program(s) of interest below:

Programs

- Full Day Program (5 days) 8:30 – 3:30. \$995/month
- After Care (5 days) 3:30 - 4:00. \$50/month

This enrolment form simply indicates your interest in registering your child at **Kiowa Farm Preschool** for ages 30 months – school age. When a space at the preschool becomes available, the applicant will be contacted to register the child with appropriate registration forms.

Thank you for your interest in **Kiowa Farm Preschool**.

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