CENTENNIAL INFANT & CHILD CENTRE
1580 Yonge Street. Toronto, ON M4T 1Z8
phone: 416-935-0200, fax: 416-935-0300

KINDERGARTEN PROGRAM

☐ **SPECIAL NEEDS STUDENT** ☐ **INTEGRATED STUDENT** Date_____ _____ _____
month day year

Referral Source: _____ Phone number: _____

I/We make application to Centennial Infant and Child Centre on behalf of the below named child to attend the preschool program for the school year of : _____.

Name of child:_____ _____ (m/f)
last name first name

Child's address: _____ _____ _____
street & # City Postal Code

Date of Birth: _____ _____ _____ Home Phone _____
month day year

1st parent/guardian _____ _____
last name first name

Home Phone _____ Work Phone _____

2nd parent/guardian _____ _____
last name first name

Home Phone _____ Work Phone _____

Languages spoken in home_____

Diagnosis: _____

Areas of Concern: _____

_____

Current Services including Centennial (i.e. Toronto Preschool Speech and Language Services):

_____

_____ _____
Signature of Parent or Guardian **Date**

Referral completed by: _____