CENTENNIAL INFANT AND CHILD CENTRE
1580 Yonge Street, Toronto, ON M4T 1Z8 ph: 416-935-0200; fax: 416-935-0300

REQUEST FOR PRESCHOOL PROGRAM

REFERRAL DATE _____ _____ _____ ☐**SPECIAL NEEDS STUDENT** ☐ **INTEGRATED STUDENT**
month day year

REFERRAL SOURCE: _____ **Phone:** _____

CHILD'S NAME: _____ _____
surname – please print first name – please print

Diagnosis: _____

Primary Concerns: _____

Child's Address: _____ _____ _____
Street & # City Postal Code

Date of Birth _____ _____ _____
month day year

1st parent/guardian
Last Name _____ **First Name** _____

2nd parent/guardian
Last Name _____ **First Name** _____

Home Phone _____ **Work Phone** _____ **Email:** _____

Languages spoken in home: _____

Des services sont disponibles en français chez notre partenaire le Centre francophone de Toronto. Si vous voulez des services en français, demandez-nous di vous référer au Centre francophone de Toronto, appelez directement le **416-922-2672** ou visitez le site web: http://www.centrefranco.org/enfants-et-familles/enfants-ayant-des-besoins-speciaux/

Please list current Services (including Centennial's Early Intervention Program)

_____

_____

Other Information: