



Admission Form

PROGRAM INFORMATION (2 ½ yrs to 5 yrs)

Please check your choices:

- 5 Days
- 4 Days
- 3 Days (M/W)
- 2 Days (T/Th)

Extended Care Needed: Yes No

Please specify days and hours: _____

CHILD'S INFORMATION

Child's First Name: _____ Child's Surname _____

Current Age: _____ year(s) _____ months

Date of Birth: (Month) _____ (Day) _____ (Year) _____

Home Address: _____ Postal Code _____

Home Telephone Number: _____

Language(s) Spoken at Home: _____

Please list the names and ages of siblings _____

FAMILY INFORMATION

Mother/Guardian
Last Name: _____

First Name: _____

Employer: _____

Address: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Child Lives with: Both Parents ___ Mother ___ Father ___ Other (please name) _____

Correspondence: Both Parents ___ Mother ___ Father ___ Other (please name) _____

Father/Guardian
Last Name: _____

First Name: _____

Employer: _____

Address: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

PICK UP INFORMATION

My child can be picked up by:

Pick Up Person #1: _____

Home Phone _____ Cell Phone _____ Relationship to Child: _____

Or Pick Up Person #2 _____

Home Phone _____ Cell Phone _____ Relationship to Child: _____

Or Pick Up Person #3: _____

Home Phone _____ Cell Phone _____ Relationship to Child: _____

YOUR CHILD’S PROFILE (to help us get to know your child)

Do you wish your child to have a nap? Yes ___ (for how long?) _____ No ___

Has your child had any previous school, playgroup or nursery experience? If so, where and how often?

List any organized activities that your child has participated in – such as swimming lessons, library groups, etc.

What are your child’s interests? _____

Does your child have fears or aversions? _____

Eating Patterns: Please comment on your child’s eating habits and food preferences. _____

Sleeping Pattern: Please comment on your child’s sleeping pattern. _____

Is your child toilet-trained Yes ___ No ___ In process _____

Can your child manage their washroom routine independent of an adult? Yes ___ No ___

Can your child verbally communicate his/her needs effectively? Yes ___ No ___

If applicable, please write the name of your child’s nanny or other primary caregiver _____

Has your child ever been hospitalized Yes ___ (for ?) _____

No ___

How much screen time does your child have each day? _____

How much screen time does your child have each week? _____

What type of screen time? (TV/ipad/computer?) _____

What shows/games does your child watch/play? _____

Other information you wish us to know: _____

REGISTRATION POLICIES

To register your child the school requires:

1. A completed Application for Admission
2. A copy of your child's birth certificate or passport as proof of age
3. An enrollment cheque of \$100. This fee will be deducted from first month of tuition.

PAYMENT POLICIES

Tuition Payment: For the school year (September to May)

1. A first-month cheque dated the proposed entry date of your child (prorated if your child does not begin at the beginning of the month)
2. Post-dated cheques dated the beginning of the month, for each month in between proposed entry date and the end of month.