



OFFICE USE ONLY:	
Registration fee paid: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Application Date: _____	
Admission Date: _____	
Classroom admitted: Jr.T <input type="checkbox"/> Sr.T <input type="checkbox"/> Jr.P <input type="checkbox"/> Sr.P <input type="checkbox"/>	
# of keytags/dep pd: _____	
EFT <input type="checkbox"/> 1 st month pd <input type="checkbox"/> Cubby <input type="checkbox"/>	
Welcome letter <input type="checkbox"/> Outlook <input type="checkbox"/>	
Withdrawal Date: _____	

THE CHILDREN'S GARDEN
APPLICATION FORM

Please return this form with a cheque for the first months' payment and a \$25 registration fee per child payable to The Children's Garden for the 20__ - 20__ school year.

<u>REGISTERING IN:</u>		Cost
• Part Day Program	____ Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri.	\$40/day
• F/T Program	____ Monday to Friday	\$675/mnth

Child's Name: _____

Date of Birth: _____ Health Card #: _____

Child resides with: _____

Childs Home Address: _____

Postal Code: _____ Home Phone : _____

Mother's Name: _____ Work Phone# : _____

Cell Phone #: _____

Father's Name: _____ Work Phone# : _____

Cell Phone #: _____

Email Address: _____

Sex and ages of other children in the home: _____

Any other members of the household (grandparents, pets, etc.): _____

Person to be contacted in an emergency if parents cannot be reached:

Name: _____ Phone: _____

Relationship to child (relative, neighbor, etc.): _____

OTHER USEFUL INFORMATION:

Has your child had any previous experience with preschool? YES _____ NO _____

Do you consider this to have been a good experience for him/her? YES _____ NO _____

Favorite play activities? _____

Does he/she have a good appetite? YES _____ NO _____

State particular likes/dislikes: _____

If upset, how does your child like to be comforted? _____

Other comments: _____

HEALTH INFORMATION:

Family doctor: _____ Phone: _____

Address of office/clinic: _____

Which communicable diseases has your child had (measles, mumps, etc.): _____

Any known allergies: _____

Is your child under a doctor's care for any particular reason? YES _____ NO _____

If yes, why? _____

Is he/she on any medication? YES _____ NO _____ If yes, what ? _____

PICK-UP AUTHORIZATION:

Who, other than the child's parents, has the permission to pick up your child from the Preschool?

Name _____ Relationship _____

Signature of parent(s) or guardian(s)

Name _____ Relationship _____

Signature of parent(s) or guardian(s)

EMERGENCY AUTHORIZATION:

I am willing for my child, _____, to have medical attention and be taken to the hospital in the case of emergency, if I/we cannot be reached.

Signature of parent(s) or guardian(s)

PHOTOGRAPH PERMISSION:

I am willing to allow my child, _____, to be photographed during our program for the purpose of display within the preschool or publication in local newspapers or The Children's Garden brochure or website.

Signature of parent(s) or guardian(s)

FIELD TRIP AUTHORIZATION:

I allow my child, _____, to participate in field trips organized by The Children's Garden. (The Children's Garden will advise of such outings in advance)

Signature of parent(s) or guardian(s)

NEIGHBORHOOD WALK AUTHORIZATION:

I allow my child, _____, to participate in neighborhood walks organized by The Children's Garden (The Children's Garden will advise of such outings in advance).

Signature of parent(s) or guardian(s)

I have received, read and agree to the terms of the POLICIES of The Children's Garden:

Please sign: _____ **Print Name:** _____