



ENROLLMENT FORM

CHILD INFORMATION

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child's Home Address: _____

Child's Home Physical Address: _____

Home Phone Number: _____

Primary Language: _____

Gender: _____ Height: _____ Weight: _____

Required Immunizations Done? Yes/No _____

PARENT/GUARDIAN INFORMATION

(1) Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Physical Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Phone Number: _____

(2) Parent/Guardian Name: _____
Relationship to Child: _____
Home Address: _____
Reachable Phone Number: _____
Email Address: _____
Business Phone Number: _____

ADDITIONAL INFORMATION

Child's Doctor/Physician: _____

Physical Address: _____ Phone Number: _____

Any Allergies? _____

Special Diet/ Foods to avoid: _____

Individual Health Plan for child with a chronic health condition? If yes, please attach. _____

Special limitations or concerns? _____

Routine medications: _____

Indicate medication/dose: _____

SCHOOL AGE ONLY

Previous school: _____

School Address: _____ School Phone Number: _____

I/We certify that documentation and information provided above is correct.

Name of Parent/Guardian

Signature Date

*Note: Acceptance and placement is determined by availability of vacancies and children will be enrolled on a 'first come, first served' basis.
We provide equal opportunity in education and recreational facilities for all our children without bias on race, colour, religion or nationality.*

OFFICIAL USE ONLY

Date Application Received

Accepted Term of entry

Student No

Signature of Principal

Class Teacher