PRECIOUS ONES BILINGUAL PRESCHOOL

2018 -2019 APPLICATION FOR ENROLMENT

Start Date: YYYY / MM / DD	**(Office use only)** End Date: YYYY/ MM/ DD	Enrolling for: School Year _____

PROGRAM REGISTERED IN:	**FULL DAY PROGRAM**	**DAYS ATTENDING**:
TODDLERS: _____ PRESCHOOL: _____	Number of days per week: 3 days ☐ 4 days ☐ 5 days ☐	Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Do you want your child to nap in the afternoon? Yes ☐ No ☐

STUDENT INFORMATION

CHILD'S LEGAL NAME:	NAME USED:	GENDER: M ☐ F ☐
DATE OF BIRTH: YYYY / MM / DD	BIRTHPLACE:	CITIZENSHIP: Canadian ☐ Landed immigrant ☐
ADDRESS:		POSTAL CODE
PRIMARY LANGUAGE AT HOME:	SECONDARY LANGUAGE AT HOME:	

FAMILY INFORMATION

Does the child live with: Parent(s) ☐ Guardian(s)? ☐
Parents' Marital Status: Married ☐ Divorced ☐ Separated ☐ Single ☐ Widowed ☐

If divorced or separated, who is the custodial parent? Mother ☐ Father ☐ Both (Joint Custody) ☐
If joint custody has not been awarded, the Preschool requires a copy of the Court Order granting custody.

MOTHER (GUARDIAN) NAME			Ms. ☐ Mrs. ☐
ADDRESS			POSTAL CODE
HOME PHONE	CELLULAR	FAX	EMAIL ADDRESS
OCCUPATION	BUSINESS PHONE		EMPLOYER'S NAME
EMPLOYER'S ADDRESS			POSTAL CODE

FATHER (GUARDIAN) NAME			Mr ☐
ADDRESS			POSTAL CODE
HOME PHONE	CELLULAR	FAX	EMAIL ADDRESS
OCCUPATION	BUSINESS PHONE		EMPLOYER'S NAME
EMPLOYER'S ADDRESS			POSTAL CODE

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FAMILY INFORMATION CONTINUED

CUSTODIAN'S INFORMATION						
NAME				Mr, ☐	Ms.☐	Mrs. ☐
ADDRESS				POSTAL CODE		
HOME PHONE	CELLULAR		FAX	EMAIL ADDRESS		
OCCUPATION		BUSINESS PHONE		EMPLOYER'S NAME		
EMPLOYER'S ADDRESS				POSTAL CODE		

EMERGENCY CONTACT AND RELEASE AUTHORIZATION

The School is authorized to release the student to the individuals listed below. Those individuals can also be contacted in case of emergency should the School not be able to contact the parent(s)/guardian(s)/custodian(s).

NAME				Mr, ☐	Ms.☐	Mrs. ☐
ADDRESS				POSTAL CODE		
HOME PHONE	CELLULAR		FAX	EMAIL ADDRESS		
OCCUPATION		BUSINESS PHONE		EMPLOYER'S NAME		
EMPLOYER'S ADDRESS				POSTAL CODE		

NAME				Mr, ☐	Ms.☐	Mrs. ☐
ADDRESS				POSTAL CODE		
HOME PHONE	CELLULAR		FAX	EMAIL ADDRESS		
OCCUPATION		BUSINESS PHONE		EMPLOYER'S NAME		
EMPLOYER'S ADDRESS				POSTAL CODE		

NAME				Mr, ☐	Ms.☐	Mrs. ☐
ADDRESS				POSTAL CODE		
HOME PHONE	CELLULAR		FAX	EMAIL ADDRESS		
OCCUPATION		BUSINESS PHONE		EMPLOYER'S NAME		
EMPLOYER'S ADDRESS				POSTAL CODE		

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STUDENT MEDICAL INFORMATION

ONTARIO HEALTH CARD # (include letters)	EXPIRY DATE (YYYY/MM/DD):
PHYSICIAN NAME	PHONE NUMBER
ADDRESS	POSTAL CODE

Dietary Restrictions: Does the student have any religious or dietary food restrictions? YES ☐ NO ☐

If yes, please specify:

Has the student been tested for allergies? YES ☐ NO ☐

Has the student been diagnosed with allergies? If yes, please describe: YES ☐ NO ☐

Does the student require epinephrine auto injector (EPI-PEN)? YES ☐ NO ☐

If yes, you will be required to complete the "Administration of Prescription Medication for Anaphylaxis" form once the student is in attendance at the School. Please provide a medical note from the student's doctor describing the nature of the allergy.

Has the student been diagnosed with asthma? YES ☐ NO ☐

Does the student require an inhaler for asthma? YES ☐ NO ☐

It is the responsibility of the Parent/Guardian/Custodian to ensure that the student has a current dated inhaler at school.

If yes, you will be required to complete the "Administration of Prescription Medication for Asthma" form once the student is in attendance at the School. Please provide a medical note from the student's doctor describing the nature of the asthma.

Does the student take any medication regularly? YES ☐ NO ☐

If yes, then please provide name of medication:

Reason and Dosage:

Does the student have any medical, social, or emotional problems the school should be aware of: YES ☐ NO ☐

If yes, please specify:

Has your child had any of the following communicable illnesses? Chicken Pox ☐ Measles ☐ Meningitis ☐ Mumps ☐

Rubella ☐ Other (please indicate) ☐ No ☐

HOW DID YOU HEAR ABOUT PRECIOUS ONES BILINGUAL PRESCHOOl?

School Flyer ☐ School Website ☐ Live / Work area ☐ Referral by friend ☐

PLEASE SIGN BELOW TO CONFIRM THAT THE INFORMATION ON THE ENROLMENT FORM IS COMPLETE AND CORRECT.

Parent's or Guardian's Signature: _____ Date: _____