



OFFICE USE ONLY:
 Registration fee paid: Yes No
 Application Date: _____
 Admission Date: _____
 Classroom: Jr.T Sr.T
 # of keytags/dep pd: _____
 EFT m nth pd
 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.

<u>REGISTERING IN:</u>	<u>Cost</u>
• Part Day Program ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.	\$46.50/day
• F/T Program ___ Monday to Friday	\$775/mnth

Child's Name: _____

Date of Birth (mm/dd/yy): _____

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 like/dislike: _____

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

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 _____

_____ Phone Number for this person

Signature of parent(s) or guardian(s)

Name _____ Relationship _____

_____ Phone Number for this person

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:** _____

***** Please note: Should you register your child with us, one month's written notice must be given to cancel his/ her registration or monies will not be refunded. Tax receipts, however, will be issued for all monies paid.**