Enrollment Form

For the 2016-2017 School Year
(for new students only)

For Office Use Only
Date of Enrollment: _____
Date of Withdrawal: _____
Registration Fee ($35) Paid: _____

Child's First Name: _____ **Child's Last Name:** _____

Address: _____

City: _____ **Postal Code:** _____

Phone #: _____ **Sex:** ☐ **Male** ☐ **Female**

Birthdates (yyyy/mm/dd): _____

Mother/Guardian
Name: _____
Address: same as above ☐ or
_____
_____
Phone # (home): _____
Phone # (cell): _____
Phone# (work): _____
Occupation: _____
Employer: _____
Work Address: _____
Email Address: _____

Father/Guardian
Name: _____
Address: same as above ☐ or
_____
_____
Phone # (home): _____
Phone # (cell): _____
Phone# (work): _____
Occupation: _____
Employer: _____
Work Address: _____
Email Address: _____

Emergency Contact (not parents):
Name: _____ Relationship to child: _____
Address: _____
City: _____ Phone #: _____
Doctor's Name: _____ Doctor's Phone #: _____
Doctor's Address: _____
Child's Health Card Number: _____
Does your child have any allergies (food, medication, etc.): _____
Does your child have any condition or behaviour that would require special attention, medication or special diet:
_____

I/we hereby (circle one) give permission do not give permission for _____ to receive medical treatment in the even that I/we cannot be contacted.

_____ _____ _____ _____
Mother/Guardian **Date** **Father/Guardian** **Date**

Other Persons authorized to take your child from school premises

Name	**Address**	**Phone #**	**Relationship to child**

I am interested in having my child attend on:
☐ **Mondays** ☐ **Tuesdays** ☐ **Wednesdays** ☐ **Thursdays** ☐ **Fridays** **Total number of days per week: ____**