



# westparkchildrenscentre

## Enrolment Application

Date of application: \_\_\_\_\_, \_\_\_\_\_

Attendance requested for:

Class A: Monday and Wednesday AM (8:45-11:45)

Class C: Tuesday and Thursday AM (8:45-11:45)

Class B: Monday and Wednesday PM (12:30-3:30)

Class D: Tuesday and Thursday PM (12:30-3:30)

Friday Mornings and Afternoons are optional additional sessions for students enrolled in any class and will be run if we have enough interest in them. Please check a box if you are interested in a Friday session as an additional session. Friday AM (8:45-11:45)  Friday PM (12:30-3:30)

Child's Legal name: \_\_\_\_\_ Male  Female

Name commonly known as: \_\_\_\_\_ Date of Birth (m/d/y) \_\_\_\_\_

	Mother/Guardian	Father/Guardian
<b>Name</b>		
<b>Address</b>		
<b>Phone</b>		
<b>Cell</b>		
<b>Email</b>		
<b>Workplace</b>		
<b>Workplace phone</b>		

### Living and Custody Arrangements

Child lives with:

Mother  Father  Both  Other \_\_\_\_\_

Are there any separation agreements, court orders or other documents setting out custody arrangements of the child? ***If documents are not provided, we cannot ask police to enforce custody arrangements.***

Yes. Date submitted \_\_\_\_\_

No. Not applicable

MEDICAL INFORMATION

Family Medical # \_\_\_\_\_ Child's # \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does your child have any allergies? [ ] YES [ ] NO

Describe \_\_\_\_\_

If this is a life-threatening allergy, is your child prescribed an epi-pen? [ ] YES [ ] NO

*If yes, arrangements for emergency care must be made with the Preschool Director. Anaphylaxis policies and procedures will be distributed and a permission form must be completed in order for us to administer the adrenaline auto-injector when needed.*

Emergency Contacts	Two people we can contact and release your child to, in case of illness or an emergency, if you are not available.	
Name:		
Address:		
Phone # during preschool hours		
Cell #:		
Relationship to Child:		

List other people \* who have permission to pick up your child:

\_\_\_\_\_ ***\*Please notify us when any of these people will be picking up.***

Please describe this child's interests, hobbies and activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been in Nursery school or day care before? \_\_\_\_\_ If yes, where and for how long?

\_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_

Does your child require assistance in toileting? \_\_\_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_

Please note any medical, developmental or emotional conditions relevant to the care of your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note any recent changes that may affect your child's adjustment to preschool (ie: separation, death, move, birth of a new baby, illness etc.)

\_\_\_\_\_  
\_\_\_\_\_

I give permission for my child to accompany the Preschool on field trips. I understand that this includes excursions on foot or with staff vehicles. Ratios and safety are always a priority. Advance notice will be given and a signed permission form will be required before a child can go on in a vehicle.

Date \_\_\_\_\_ Signature \_\_\_\_\_

I give permission for my child, in the case of an emergency, to receive medical procedures deemed necessary by my physician or any other physician selected by the facility. I understand that this will happen only after all attempts have been made to contact the parents and/or guardians as listed on the registration forms at the facility. I will accept financial responsibility for any emergency medical care that may be necessary.

Date \_\_\_\_\_ Signature \_\_\_\_\_

I authorize the preschool to apply insect repellent on my child when children are at risk of insect bites and to apply sunscreen during the season when children are at risk from the sun.

Date \_\_\_\_\_ Signature \_\_\_\_\_

I give permission for members of the media and staff, at the discretion of the Director, to take pictures/video of my child. Photos may be used for Preschool/School promotion or in preschool, school yearbook or preschool Facebook page.

Date \_\_\_\_\_ Signature \_\_\_\_\_

I understand that Westpark Children's Centre has an indirect supervision policy that allows my child to be out of direct eye sight for short periods of time (for example: when using the bathroom). During these short periods staff are aware of what my child is doing through hearing supervision and frequent verbal and visual checks. Staff will ensure that children who are completing tasks while indirectly supervised are developmentally capable of doing so.

Date \_\_\_\_\_ Signature \_\_\_\_\_

As this child's parent/guardian, I have read and understand the policies in the Westpark Preschool Parent Manual. I agree to support the school in applying these principles in the care of my child.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**OFFICE USE ONLY**

- |  |                 |                     |
|--|-----------------|---------------------|
| <input type="checkbox"/> \$50 Security Deposit     | Date paid _____ | Staff Initial _____ |
| <input type="checkbox"/> \$20 Supply Charge        | Date paid _____ | Staff Initial _____ |
| <input type="checkbox"/> Optional List of Supplies |                 |                     |

**Fees - \$10.40 per day (0 – 4 hours)**





Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Preschool Deposit**

\$50 refundable deposit

Sessions per Week\*:(please indicate one option)

1 Class (2 sessions per week) - \$811.20

2 Classes (4 sessions per week) – \$1622.40

4 Classes (8 sessions per week) – \$3244.80

Friday 1 Session – add on \$405.60

Friday 2 Sessions – add on \$811.20

\*Each session costs \$10.40 and is calculated for a 40 week school year

Preschool Payment Plan:

Frequency of payment:

Bi-weekly (Every other Friday)

Monthly (1st or 15th)

Semi-monthly (1st and 15th only)

Payment amount: \$ \_\_\_\_\_ (Total amount divided by number of payments)

Start Date: \_\_\_\_\_, End Date: \_\_\_\_\_,

**Pre-Authorized Payment Option**

Bank Information:

**Option #1:** Attach a void cheque.

**Option #2:** Fill out bank information below (all information is required)

Name of Institution: \_\_\_\_\_

Branch Address: \_\_\_\_\_

City/Prov.: \_\_\_\_\_

Transit # \_\_\_\_\_ Institution # \_\_\_\_\_ Account # \_\_\_\_\_

(5 digits)

(3 digits)

(7+ digits, include all zeros)