



NURSERY SCHOOL ENROLMENT FORM 2018-2019

Family Information

Child's Name	Date of Enrolment DD/MM/YYYY
Date of Birth DD/MM/YYYY	Date of Discharge DD/MM/YYYY
Parent's Name	Phone (home)
Address	Phone (mobile)
Work Place	Phone (work)
E-Mail	
Parent's Name	Phone (home)
Address	Phone (mobile)
Work Place	Phone (work)
E-Mail	
Child lives with:	

Emergency Contacts

1 Name	Relationship
Address	Phone (home)
Work Place	Phone (work)
2 Name	Relationship
Address	Phone (home)
Work Place	Phone (work)

Alternate Persons Authorized to Pick Up Child

1 Name	Phone Number
2 Name	Phone Number
3 Name	Phone Number
Is there anyone who is specifically not permitted to have contact with the child?	
Name	Relationship



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Medical Information

Doctor's Name	Phone Number
Address	
Health Card No. - -	Initials
Previous Communicable Diseases:	Date
.....	Date
Previous Illnesses or Injuries:	Date
.....	Date
Known Allergies & Treatments:	Date
.....	Date

If requiring an epi-pen/inhaler, please enclose a photo of your child and specify details (see Consent Form).

Please attach a copy of child's "yellow card" as proof of immunizations.

Immunization exemption? Please explain:

Special diet requirements

Nursery School Registration

Choose number of days, preferred day, and preferred time.

- | | | | |
|------------------------------------------|---------------------------|-------|-----------------------------------------------|
| <input type="checkbox"/> 3 days per week | Monday, Wednesday, Friday | \$190 | <input type="checkbox"/> Morning 9:00 – 11:30 |
| <input type="checkbox"/> 2 days per week | Monday and Wednesday | \$140 | |
| <input type="checkbox"/> 1 day per week | Fridays | \$70 | |

Starting Month:-

Please attach your post-dated cheques for the first day of each month. Please note that your deposit cheque is held, interest free, in lieu of your last month's payment. If the child is withdrawn from the program without due notice (one month), the advance fee will not be refunded, whether or not the child attends during the notice period. Any advance payments in excess of one month will be refunded if the child is withdrawn.

I/We have been provided with a copy of the **Policies and Procedures Handbook** set forth by A Gym Tale Children's Play & Development for its Nursery School program. I/We have read these policies and procedures completely and carefully. I have attached to this form all of the necessary medical information.

Name of Parent/Guardian

Name of Director

Signature of Parent/Guardian

Date

Signature of Director

Date