



# Application for Enrolment

Office Use Only Date of Admission: \_\_\_\_\_ Date of Dismissal: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Number and Name) (Apt.) (PO Box) (City) (Province) (Postal Code)

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer:: \_\_\_\_\_

Mother's Employer Address: \_\_\_\_\_

Father's Employer Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Previous School: \_\_\_\_\_ How long in attendance? \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Number and Name) (Suite) (City) (Province) (Postal Code)

Child's Health Card Number: \_\_\_\_\_

Please list any Allergies or Food Restrictions your child has:

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

Emergency Contact Person if Parent/Guardian Unavailable

Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Number and Name) (Apt.) (PO Box) (City) (Province) (Postal Code)

Relationship: \_\_\_\_\_

Authorized Person(s) who may pickup your child/children:

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