

Please submit a recent photo of your child.



# WESTPARK PRESCHOOL ENROLMENT APPLICATION 2011-2012



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

**Attendance requested for:**

**Monday AM** (8:45-11:45)

**Wednesday AM**(8:45-11:45)

**Friday AM** (8:45-11:45)

**Monday PM** (12:30-3:30)

**Wednesday PM**(12:30-3:30)

**Friday PM** (12:30-3:30)

**Child's Name :** \_\_\_\_\_  
(Surname) (First) (Middle)

**Address:** \_\_\_\_\_  
(Mailing Address) (City) (Postal Code) (Telephone)

**Birthdate:** \_\_\_\_\_ **Age** \_\_\_\_\_  
(MM/DD/YYYY) (as of Dec 31, 2011)

**Father** \_\_\_\_\_  
(First name/Last name & Address/Cell #)

\_\_\_\_\_  
(Occupation) (Employer) (Work Phone Number)

**Email:** \_\_\_\_\_  
(Church Affiliation)

**Mother** \_\_\_\_\_  
(First name/Last name & Address/Cell #)

\_\_\_\_\_  
(Occupation) (Employer) (Work Phone Number)

**Email:** \_\_\_\_\_  
(Church Affiliation)

Government regulations state that in the event of Parental separation, the parent/guardian will inform the preschool of the custody and access arrangements, and where applicable, will supply the preschool with a copy of the parent's custody agreement or court orders pertaining to the child in care.

[ ] Not applicable

[ ] I need to submit a copy of our custody arrangement

Date submitted \_\_\_\_\_ Director initial \_\_\_\_\_

**Alternate Emergency Contact:**

(Note: These people must be readily available during preschool hours)

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone: (home)** \_\_\_\_\_ **(cell)** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone: (home)** \_\_\_\_\_ **(cell)** \_\_\_\_\_

**Individuals who may pick up your child from Nursery School:** *\*\*It is still necessary to inform staff each time someone other than a parent will be picking up your child.*

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone: (home)** \_\_\_\_\_ **(cell)** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone: (home)** \_\_\_\_\_ **(cell)** \_\_\_\_\_

**MEDICAL INFORMATION**

**MHSC No. (family)** \_\_\_\_\_ **Child's personal medical #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**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.*

**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.**

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**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.)** \_\_\_\_\_

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**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 when my child during the season when children are at risk from the sun. I am aware the preschool will charge the parent \$5.00 per year to assist with covering the cost of repellent and sunscreen.**

**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 or school yearbook.**

**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.

Parent Signature ..... Date        /        /         
(mm) (dd) (yyyy)

**OFFICE USE ONLY**

\$50 Security Deposit      Date paid \_\_\_\_\_      Staff Initial \_\_\_\_\_  
 \$5 Supply Charge      Date paid \_\_\_\_\_      Staff Initial \_\_\_\_\_

Subsidy Number \_\_\_\_\_      Subsidy Start Date \_\_\_\_\_      Subsidy Expiry Date \_\_\_\_\_

**Fees - \$9.40 per day (0 – 4 hours)**

Invoices will be issued on the last preschool day of each month with fees due within 7 days.