

Child's First Name		Child's Last Name	
Preferred Name		Date of Birth MM / DD / YYYY	Age
Home Address			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
City		Primary Telephone	
Province		Postal Code	
Requested Enrolment Date MM / DD / YYYY		How did you hear about us?	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Mon / Wed / Alt. Fridays <input type="checkbox"/> Tue / Thu / Alt. Fridays	Referred by

Please remember that your requested enrolment date at the time of application is not guaranteed. Every effort will be made to accommodate your family's needs. Approximately 4-6 weeks prior to your anticipated start date, we will contact you to discuss upcoming availability. A security deposit is due upon enrolment. This deposit is refundable based on a one month written notification (Infant/Toddler/Preschool programs) or three months (JK/SK programs) of withdrawal at which time it will be applied to your last month's invoice.

FOR OFFICE USE ONLY			
Date of Enrolment		Date of Withdrawal	
Program	Schedule	1 st Visit Scheduled	at _____ : _____
Campus		2 nd Visit Scheduled	at _____ : _____

<p>APPLICATION PROCESS</p> <p>Date of Application _____</p> <p>The following is a checklist to expedite the application process:</p> <p><input type="checkbox"/> A completed application. <i>Cheques made payable to: Childventures Early Learning Academy Inc.</i></p> <p><input type="checkbox"/> Registration Fee of \$250 (Cash or Chq# _____)</p> <p><input type="checkbox"/> Sibling Registration Fee of \$50 (EFT, Cash or Chq# _____)</p> <p><input type="checkbox"/> Acknowledgement Letter sent</p> <p><input type="checkbox"/> Camera Access _____</p>	<p>Place child's photo here</p>
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*If Parents are separated or divorced, please indicate with whom the child is living.
If there are custody, and/or access issues, legal documentation must be provided to the Centre.*

FAMILY DATA

PARENT #1		
First Name		Last Name
If different from child	Home Address	
	City, Province	Postal Code
	Home Phone	Email
Employer's Name		Primary Phone <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Home
Address		Alt. Phone #1 <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Home
City		Alt. Phone #2 <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Home
Province	Postal Code	Occupation

PARENT #2		
First Name		Last Name
If different from child	Home Address	
	City, Province	Postal Code
	Home Phone	Email
Employer's Name		Primary Phone <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Home
Address		Alt. Phone #1 <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Home
City		Alt. Phone #2 <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Home
Province	Postal Code	Occupation

HEALTH & MEDICAL INFORMATION

Family Doctor		Telephone
Address	City, Province	Postal Code

Please indicate if child experiences or has experienced any of the following:

	Yes	No	Unknown	Details
Behaviour				
Seizures				
Vision/Hearing Difficulties				
Mobility Difficulties				
ADHD				
Asthma				
Diabetes				
Dietary Restrictions				
Allergies <input type="checkbox"/> Nuts <input type="checkbox"/> Bee Stings <input type="checkbox"/> Food <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Other				Epi Pen Required <input type="checkbox"/> Yes <input type="checkbox"/> No

Is your child currently or has been supported by an outside agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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** Two Emergency Contacts, other than the parents, are legally required (does not need to be family). Every effort will be made to contact you in the event of an emergency; however, these individuals will be contacted if you cannot be reached.*

EMERGENCY CONTACTS

Emergency Contact #1 (*other than parent)			
First Name	Last Name	Relationship to Child	Authorized <input type="checkbox"/> Yes For Pick up: <input type="checkbox"/> No
Address		Primary Phone <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Home	
City, Province	Postal Code	Alt. Phone <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Home	

Emergency Contact #2 (*other than parent)			
First Name	Last Name	Relationship to Child	Authorized <input type="checkbox"/> Yes For Pick up: <input type="checkbox"/> No
Address		Primary Phone <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Home	
City, Province	Postal Code	Alt. Phone <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Home	

EMERGENCY CALLING ORDER (parents and emergency contacts in calling order preference)

1st	2nd	3rd	4th
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Please list all additional individuals, other than the parents and 2 emergency contacts, who are authorized to drop off or pick up your child.

DROP OFF / PICK UP

Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship

PARENT/GUARDIAN SIGNATURE

Name	Date
Signature	
Name	Date
Signature	

Failure to disclose all or any information requested in this application will automatically void this application. Childventures Early Learning Academy's open admission and hiring policies do not discriminate on the basis of race, sex, ethnic origin, or similar factors. Applicants of all races and creeds are welcomed at Childventures Early Learning Academy.

INFANT		TODDLER		PRESCHOOL		KINDERGARTEN		SCHOOL AGE	
Staff Initial	Date	Staff Initial	Date	Staff Initial	Date	Staff Initial	Date	Staff Initial	Date