



# NURSERY SCHOOL ENROLMENT FORM

## Family Information

Child's Name	_____	Date of Enrolment	DD/MM/YYYY
Date of Birth	DD/MM/YYYY	Date of Discharge	DD/MM/YYYY
Mother's Name	_____	Phone (home)	_____
Address	_____	Phone (mobile)	_____
Work Place	_____	Phone (work)	_____
E-Mail	_____		_____
Father'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	_____

## 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 | \$180 | <input type="checkbox"/> Morning 9:00 – 11:30   |
| <input type="checkbox"/> 2 days per week | Monday and Wednesday      | \$130 | <input type="checkbox"/> Afternoon 12:30 – 3:00 |
| <input type="checkbox"/> 1 day per week  | Fridays                   | \$65  |   |

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 If the child is withdrawn from the program without due notice (one month), the advance fee will not be refunded, whether or not the child attends during the notice period.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

THANK YOU!