



# KLEINBURG EARLY LEARNING CENTRE ADMISSION APPLICATION FORM

## PROGRAM SELECTED

\_\_\_ **Junior Preschool** (18 months to 30 months)

Full Time—Mon-Fri

\_\_\_ **Senior Preschool** (30 months to 4 yrs)

Full Time—Mon-Fri

Requested Start Date: \_\_\_\_\_

## STUDENT INFORMATION

Child's Name: \_\_\_\_\_  
(first) (initial) (Last)

Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: M/F  
(dd/ mm/ yr)

**Last Centre Attended:** (if applicable)

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_



# FAMILY INFORMATION

**NAME OF STUDENT:** \_\_\_\_\_  
**Child's Address:** \_\_\_\_\_  
**Child's Date of Birth:** \_\_\_\_\_

**Mother:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Father:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: (if different from above) \_\_\_\_\_  
Occupation: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Siblings

Please list all siblings and their ages

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_

## Safe Departure List:

Please list all adults you authorize to pick up your child from Kleinburg Early Learning Centre, and indicate their relationship to your child. Students will not be released to anyone not on this list. Please inform them to bring photo identification upon pick up.

### Child's Name:

<b>Name:</b>	<b>Relationship:</b>
<b>Name:</b>	<b>Relationship:</b>
<b>Name:</b>	<b>Relationship:</b>



# EMERGENCY CONTACT INFORMATION

**NAME OF STUDENT:** \_\_\_\_\_

- |  |  |
|--|--|
| <p>1. Mother: _____<br/>         Phone: _____<br/>         Cell Phone: _____</p>                                     | <p>2. Father: _____<br/>         Phone: _____<br/>         Cell Phone: _____</p>                                     |
| <p>3. Name: _____<br/>         Relation to Child: _____<br/>         Phone: _____<br/>         Cell Phone: _____</p> | <p>4. Name: _____<br/>         Relation to Child: _____<br/>         Phone: _____<br/>         Cell Phone: _____</p> |

## Medical Information

Family Doctor: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Health Card #: \_\_\_\_\_

1. Does your child have any allergies/sensitivities? \_\_\_\_\_
2. Has your child ever experienced any language or speech difficulties, physical problems, or other health related difficulties? \_\_\_\_\_
3. Does your child have any disabilities or other special needs? \_\_\_\_\_  
 \_\_\_\_\_
4. Is your child currently taking medication? If so, please list: \_\_\_\_\_  
 \_\_\_\_\_
5. Does your child have ongoing medical conditions? \_\_\_\_\_
6. Is your child up to date with Immunizations? \_\_\_\_\_
7. Has your child had any communicable diseases (ie/ Chicken Pox, Fifth Disease, Pink Eye, etc.)?  
 Please list. \_\_\_\_\_  
 \_\_\_\_\_
8. Does your child have any specific sleep placement needs (ie, back, side, front, etc) as assigned by a physician? \_\_\_\_\_

**Please attach a copy of Child's Birth Certificate below:**

**Please attach current photograph of your child below:**

Child's Height \_\_\_\_\_

Child's Weight \_\_\_\_\_

Child's Eye Colour \_\_\_\_\_

Child's Hair Colour \_\_\_\_\_



## **KLEINBURG EARLY LEARNING CENTRE**

### **Application Checklist Information and Guidelines**

Thank you for considering Kleinburg Early Learning Centre for your child(ren). If you have any questions or require any additional information, please feel free to contact us in any of the following ways:

- Phone: 905-893-7277 or 7211
- Email: Melanie Jordan (Director) at [melanie@nashvilleroad.ca](mailto:melanie@nashvilleroad.ca) and or Veta Gooden (Supervisor) at [veta.gooden@kleinburbgearlylearning.ca](mailto:veta.gooden@kleinburbgearlylearning.ca)

Please ensure to complete the entire application form and submit it to Kleinburg Early Learning Centre along with the following documentation:

- A current wallet sized photograph of your child
- A copy of your child's birth certificate
- Completed medical form including Doctor's mailing address
- An up-to-date copy of your child's immunization record
- Child Introduction Form
- Parent Agreement Form (located in Parent Handbook)
- 12 post-dated cheques payable to *Kleinburg Early Learning Centre*, dated the 1<sup>st</sup> of each month
  - Please note: payment is due on the 15<sup>th</sup> on the month prior to the month attending
- A \$500 deposit is due with new enrolments. This deposit will be counted towards your final tuition payment(s).