

Date Received: _____

APPLICATION FORM

PLEASE ENSURE THAT THIS FORM IS COMPLETE AND LEGIBLE.

Unless otherwise indicated, email will be the preferred mode of communication between My School and parents/guardian
For Office Use:

Date of Start: _____ Date of Departure: _____

A. Applicant Information:

Please note that your child must be 2 ½ years of age before entering school

Child's Name: _____

Gender: _____ Date of Birth: _____

Has your child/another family member attended "My School" before? _____ If so, please state year(s) _____

How did you hear about "My School"? _____

Address of Child: (Indicate with X)

As Below: () Both Addresses: ()

B. Program Selection: Please indicate with a "1", "2" or "3" for your first, second and third choice of program.

Two Day (Tue/Thurs) ___ Three Day (Mon/Wed/Fri) ___ Five Day (Mon/Tue/Wed/Thurs/Fri) ___

C. Parent/Guardian Information: Parent/Guardian #1 (Primary contact):

First Name _____

Address incl. city _____

Home Phone: _____

Cell Phone: _____

Place of Work: _____

Work Address incl. Postal Code, City (mandatory): _____

Work Phone: _____

E-mail: _____

Parent/Guardian #2 (if applicable)

Name: _____

Address incl. Postal Code: _____

Home Phone: _____

Cell Phone: _____

Place of Work: _____

Work Address incl. Postal Code, City (mandatory): _____

Work Phone: _____

D. Local Emergency Contact Person:

Please provide a neighborhood contact in the event that we cannot reach you.

Name: _____ Home phone#: _____ Cell#: _____

Address (incl. postal code and city):

E. Medical Information:

Child's Physician _____ Phone# _____

Address (incl. postal code and city) _____

Health Card # (Optional) _____

Does your child have any allergies or food restrictions? Yes ___ No ___

Specify allergy or restrictions: _____

Does your child require an EpiPen? Yes ___ No ___

Does your child have any other medical issues, allergies or restrictions that we should know about?

It is **very important** that parents keep the school up to date on any changes regarding your child's allergies. A list is posted at the school and any new allergy should be brought to the teacher's attention.

F. Information About Your Children:

If other children in family, state the ages of siblings: _____

What language(s) are spoken at home: _____

If not English, does your child understand and communicate in English? _____

Does your child have any needs we need to be aware of which you feel would require special facilities or training on the part of the school staff?

G. Parent involvement:

There must be at least one duty day participant per child. Duty day participants are those who participate in classes to assist with snack or craft according to our duty day schedule. Please list the duty day participants for your child.

NOTE: all persons participating in duty days are required to complete the applicable forms and be familiar with the My School Handbook and Policies and Procedures Manual

Authorized people who may pick up your child other than you? Please list names and relationship (these do not need to be the same as the duty participant. No additional paperwork is required to be authorized to pick up your child):

