



Enrollment Application

Child's Name _____

(Last Name)

(First Name)

(Middle Initial)

Child's Address _____

City _____

Province _____

Postal Code _____

Phone Number () _____

Date of Birth / /
Day Month Year

Program _____
Toddler / Preschool / Kindergarten / Before and After

Requested Start Date / /
Day Month Year

Circle Days to Attend Coppens Academy (*Kindergarten Students Only*)

Monday

Tuesday

Wednesday

Thursday

Friday

Do you require additional care to cover school days over school holidays?

Christmas

Yes No

March Break

Yes No

Summer

Yes No

P.A. Days

Yes No

Director Initials _____

Date _____



Parent/Guardian Name

(Last Name) (First Name) (Middle Initial)

Relationship to Child

Drivers License Number

Address

City Province Postal Code

Phone Number () Cellular Number ()

Email Address

Employer Work Phone () Ex#

Parent/Guardian Name

(Last Name) (First Name) (Middle Initial)

Relationship to Child

Drivers License Number

Address

City Province Postal Code

Phone Number () Cellular Number ()

Email Address

Employer Work Phone () Ext #

Primary Residence Both Mother Father Guardian_____

If divorced who has legal custody?

Director Initials_____

Date_____



I hereby give permission for my child to be released only to those people listed on this application and the following persons.

Name _____ **Address** _____ **Phone** _____

Name _____ **Address** _____ **Phone** _____

Name _____ **Address** _____ **Phone** _____

Name _____ **Address** _____ **Phone** _____

Enrolling Parent/Guardian Signature

Date

Child's Name _____
(Last Name) (First Name) (Middle Initial)

Child's Physician _____ **Physician's Number ()** _____

Allergies / Special Needs _____

Emergency Contact (other than parents) _____

Phone () _____ **Address** _____

Director Initials _____

Date _____



- I agree that I am enrolling for _____ days per week at a cost of _____ a day.
- I agree to pay a registration fee at the time of enrolment. This enrolment fee is not refundable.
- I agree to pay in advance each bi-weekly payment.
- I am aware that I will be charged a fee for late payments.
- I am aware that I will be charged a fee for late pick-ups.
- I have received my Parent/Student Handbook, containing additional policies and procedures.

FEES for all programs are due **2 weeks in advance of care**. All absences must be paid for in full, we can not fill your child's space in their absence. There is a \$5.00 fee for cheques returned NSF. NSF cheques must be replaced with cash or money order. **If fees remain unpaid by the end of the month we may withdraw service and fill your child's space.**

All clients pay an equal amount towards statutory holidays as well as Easter Monday & Civic holiday as per our policy book - one fifth of your usual weekly fee.

LATE FEES will be charged for pickups after closing. 6:00-6:15 = \$10.00 plus \$1.00 for every additional minute. The late fee will be added to your next bill. Please remember that staff members also have family commitments and expect to leave their work place on time. Late pickups in excess of one per month will result in the loss of your child's space.

VACATION DAYS for full day preschool and toddler care includes Christmas, March Break and PA days. You must use vacation time if you would like these days off.

Parent or Guardian Name (please print) _____

Parent or Guardian Signature _____ **Date** _____

Director Initials _____

Date _____