



# Enrollment Application

Date of Admission \_\_\_\_\_

Date of Discharge \_\_\_\_\_

**Child's Name** \_\_\_\_\_

(Last Name)

(First Name)

(Middle Initial)

**Child's Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Province** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Phone Number** ( ) \_\_\_\_\_

**Date of Birth** / / \_\_\_\_\_ **Program** \_\_\_\_\_  
Day Month Year 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 ( )

Physician's Address:

Allergies / Special Needs

Emergency Contact (other than parents)

Phone ( ) Address

Previous Communicable Diseases (Date)

Previous Illnesses or Injuries (Date)

Special Medical Conditions or known Allergies

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 enrollment. This enrollment fee is not refundable.
- I agree to pay in advance each 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, I have read and agree to the additional policies and procedures within the Parent/Student Handbook.

**FEES** for all programs are due **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 \$25.00 fee for cheques returned NSF. NSF cheques must be replaced with cash, debit, 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 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** \_\_\_\_\_