



## JUNIOR KINDERGARTEN ADMISSIONS FORM

Current Junior Kindergarten Program: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

I would like to enrol my child in the:  Full-Day Program  Half-Day Program

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Male  Female (mm/dd/yyyy)

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Guardian's Name(s): \_\_\_\_\_

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

Mother's Home Number: \_\_\_\_\_ Father's Home Number: \_\_\_\_\_

Mother's Work Number: \_\_\_\_\_ Father's Work Number: \_\_\_\_\_

Mother's Cell Number: \_\_\_\_\_ Father's Cell Number: \_\_\_\_\_

Mother's E-mail: \_\_\_\_\_ Father's E-mail: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Number: \_\_\_\_\_

Child's Care Card Number: \_\_\_\_\_

Emergency Contacts (who are also authorized to pick up my child): \_\_\_\_\_ (parent initial).

1. Name(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other persons authorized to pick up my child: \_\_\_\_\_ (parent initial).

1. Name(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Immunization records are required under the Health Act** (*photocopy or actual dates required*)

DTP/HIB (4 doses + booster): \_\_\_\_\_  MMR (2 doses): \_\_\_\_\_

HEP B (3 doses): \_\_\_\_\_ Other: \_\_\_\_\_ or  Not Immunized

Allergies:  Yes  No If Yes, What kind: \_\_\_\_\_

Asthma: \_\_\_\_\_  Convulsions: \_\_\_\_\_

Other medical problems: \_\_\_\_\_

Any additional health concerns:

Colds             Bronchitis             Sore Throats             Hay Fever

Nose Bleeds     Ear Infections     Urinary Infections

Skin conditions: \_\_\_\_\_

Is your child on any medications?  Yes  No    If Yes, What kind: \_\_\_\_\_

Does your child any vision, hearing, or speech concerns: \_\_\_\_\_

Social services involvement (speech, occupational therapist, etc.): \_\_\_\_\_

Any learning/physical concerns: \_\_\_\_\_

Any behavioral/emotional concerns: \_\_\_\_\_

Any special dietary requirements: \_\_\_\_\_

Other concerns: \_\_\_\_\_

Is your child toilet trained?  Yes  No

Please list any significant changes in your child's life (i.e., death, separation, move, new sibling): \_\_\_\_\_

Is there a custody agreement or restraining order?  No  Yes (if so, a copy must be provided). \_\_\_\_\_

There are individuals who are not permitted access to my child             Not applicable

If there is someone, who is not allowed access to your child. Please provide name(s) and a description of any person who is not permitted access to your child.

Please list any special instructions about food likes and dislikes, toileting, favorite things, fears, religious and/or cultural observances, etc: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of accident or illness I authorize the teacher to contact a physician and/or ambulance. I accept responsibility for payment of ambulance fees. \_\_\_\_\_ (please initial)

I give permission for my child to participate in all field trips and activities that may be held on or off site. \_\_\_\_\_ (please initial)

I give permission for child's photograph to be taken and possibly used for general advertising of the Glenfir School. \_\_\_\_\_ (please initial)

I have received a copy of the Parent Handbook. I have read and agree to all of the policies as provided to me. \_\_\_\_\_ (please initial)

I realize that the teacher must report any accident or incident of a suspicious nature.

I have read and agree to the above information and will notify the teacher if there are any changes.

Parent(s) or Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please enclose with submission:**

- 1. The admissions deposit of \$500.00 for the half-day program or \$1,000.00 for the full-day program**
- 2. Copy of child's birth certificate**
- 3. A recent photo of your child with a physical description on the back including any distinguishable features (e.g. birth marks, scars, etc.)**
- 4. Copy or dates of child's immunization records**

Please return to:

The Glenfir School – Admissions  
Box 1800, Summerland, BC CANADA V0H 1Z0  
Phone: .250.494.0004 Fax: 250.494.0058 [www.glenfir.com](http://www.glenfir.com)