

# PRESCHOOL APPLICATION



| PARENT/GUARDIAN INFORMATION   |       |   |  |
|---|-------|---|--|
| Father/Guardian First Name  |       | Mother/Guardian First Name                                |  |
| Father/Guardian Last Name   |       | Mother/Guardian Last Name                                 |  |
| Address   |       | <input type="checkbox"/> Address is the same as Father's. |  |
| City  | Prov. | Code  | Address  |
| Home phone  |       | City  | Prov. Code   |
| Cell  |       | Home phone  |  |
| Email   |       | Cell  |  |
|   |       | Email   |  |
| CHILD INFORMATION   |       |   |  |
| Legal Family Name   |       | Legal First Name  |  |
| Usual First Name  |       | DOB   | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Is English your child's first language? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, what is their first language:   |       |   |  |
| What DATE do you want your child to start preschool?  |       |   |  |
| MEDICAL INFORMATION   |       | CHILD'S CARECARD NO:                                      |  |
| Doctor:   |       | Phone:  |  |
| Doctor:   |       | Phone:  |  |
| Other:  |       | Phone:  |  |
| Does this child have any of the following? Check all applicable conditions.   |       |   |  |
| <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Condition <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Other:   |       |   |  |
| <input type="checkbox"/> Allergies (Please list below and indicate <u>mild</u> or <u>severe</u> .)  |       |   |  |
| Other medical conditions:   |       |   |  |
| Explain briefly about the above conditions or attach information:   |       |   |  |
| Has your child had any recent illness? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please explain below.   |       |   |  |
| List any communicable diseases your child has had:  |       |   |  |
| Are your child's immunizations up-to-date? <input type="checkbox"/> YES <input type="checkbox"/> NO   |       |   |  |
| I hereby give my consent for a staff member to call a medical practitioner or ambulance for my child in the case of accident or illness, if I cannot immediately be reached. (This is a condition of registration.) |       |   |  |
| <input type="checkbox"/> I Agree  |       |   |  |

| ALTERNATE CHILD-PICK UP / EMERGENCY CONTACTS  |               |        |
|---|---------------|--------|
| 1.  | Relationship: | Phone: |
| 2.  | Relationship: | Phone: |
| Other than parents/guardians and emergency contacts, is there anyone else who will be picking your child from preschool?  |               |        |
| Name  | Relationship: | Phone: |
| Name  | Relationship: | Phone: |
| Are there any persons who are NOT ALLOWED to pick-up/access your child? If Yes, please list names and relationship to child below.  |               |        |
|   |               |        |
| OTHER IMPORTANT INFORMATION   |               |        |
| Do you have other children living at home? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please provide names and ages below.  |               |        |
|   |               |        |
| Has your child had previous experience away from home? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please list where (i.e. daycare, Sunday school, etc.)   |               |        |
|   |               |        |
| Do you think this child feels comfortable leaving parents/guardians? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, please explain below.  |               |        |
|   |               |        |
| Do you currently have children enrolled at Phil & Jennie Gaglardi Academy? <input type="checkbox"/> YES <input type="checkbox"/> NO   |               |        |
| Does your family regularly attend church? <input type="checkbox"/> YES <input type="checkbox"/> NO  |               |        |
| PARENT/GUARDIAN AGREEMENT   |               |        |
| I agree to the policies outlined in the Little Sprouts Christian Preschool Parent Handbook. This manual may be viewed on our website <a href="http://www.pjgaglardiacademy.ca/preschool">www.pjgaglardiacademy.ca/preschool</a> or at the school office. Acceptance of this manual and its policies is a condition to registration. |               |        |
| Parent/Guardian Signature   | Date:         |        |

**Outstanding fees**

As part of Phil & Jennie Gaglardi Academy, Little Sprouts Christian Preschool is a community and values the education of the children who attend. However, if families do not honour the negotiated payment plan, the school commitments to staff and the educational programs cannot be met. **Repeated** difficulty collecting tuition fees owing from families will result in withdrawal from the program.

All outstanding tuition at the end of any school year must be paid before the beginning of the next school year. Should there be a balance owing, PJGA, using the banking information on file, is authorized to collect unpaid tuition. Families will be notified via email of amounts outstanding before payments are automatically processed either by credit card or auto-debit. All applicable processing fees will be added to the outstanding amount owing.

\*\*\*There will be no adjustment to the fee schedule for days missed due to illness or other absences such as family activities.

**Withdrawals**

If a family withdraws from the school *for any reason* before the end of the school year, they must do the following:

- Notify Little Sprouts program Director via email at [mdyck@gaglardiacademy.ca](mailto:mdyck@gaglardiacademy.ca).
- To avoid a withdrawal penalty (see the explanation below) families must notify the finance department at Phil & Jennie Gaglardi Academy at least one full-calendar month before attendance changes occur. Contact via email [accounts@gaglardiacademy.ca](mailto:accounts@gaglardiacademy.ca).
- Those who qualified for the Affordable Child Care Benefit (ACCB) must contact the ACCB with the changes to attendance **no later** than two weeks (14 business days) prior to withdrawal date. Failure to contact the ACCB may result in additional fees.

**Withdrawal Penalty**

If a family withdraws from the school for any reason before the end of the school year, they must give a minimum of one full-calendar month notice to the school. Tuition for the current month plus the notice month are payable as a penalty for early withdrawal without notice.

For example, if a family withdraws on April 5<sup>th</sup>, tuition for the entire month of April plus the month of May is due and payable. Moreover, a family who enrolls before June expecting to attend in September must provide notice on or before August 1<sup>st</sup> to avoid an early withdrawal penalty.