



**FOREST GROVE
PRESCHOOL**
Academy of Arts and Technology

2017 ADMISSIONS APPLICATION

This form should be completed by a parent or guardian, and dropped off with **Forest Grove Preschool** or emailed to **Office@ForestGrove.ca**

Your Child _____

Gender: M / F

Siblings attending FGP: Yes/ No

Check here if eligible of subsidy: Yes/ No

Returning Student: Yes/ No

New Enrollment: Registration fee (non-refundable)

\$100.00 paid on _____ Chq# _____

How did you hear about our program?

For School Children Only:

Child is Registered for the 20____ & 20____ School Year

Name of local school: _____

Teacher's Name: _____

Grade: _____ Room #: _____

Fee Schedule

Your Monthly fees are as follows:

September: Chq# _____ Amount: \$ _____

October: Chq# _____ Amount: \$ _____

November: Chq# _____ Amount: \$ _____

December: Chq# _____ Amount: \$ _____

January: Chq# _____ Amount: \$ _____

February: Chq# _____ Amount: \$ _____

March: Chq# _____ Amount: \$ _____

April: Chq# _____ Amount: \$ _____

May: Chq# _____ Amount: \$ _____

June: Chq# _____ Amount: \$ _____

(Last Month paid upon registration)

Program Choice: Please specify which days per week between September and June.

Morning Program (9:00am - 11:30am)

M T W T F

Afternoon Program (1:00pm - 3:30pm)

M T W T F

Lunch (11:30am - 1:00pm)

M T W T F

6 Hour Program

M T W T F

Before School (7:15am - 9:00am)

M T W T F

After School (2:45pm - 6:00pm)

M T W T F

**Before & After School
(7:15am - 9:00am) (2:45pm - 6:00pm)**

M T W T F

OFFICE USE ONLY:

START DATE: _____

DISCHARGE: _____

ALL FIELDS ARE MANDATORY PRIOR TO ACCEPTANCE

Child's Name: (first) _____ (middle) _____ (last) _____
Birth date: Day: _____ Month: _____ Year: _____
Home Address: _____ City: _____ Postal Code: _____
Telephone No. (Home): _____

Parent/Guardian 1: _____

Home Address: _____
City: _____ Postal Code: _____
Telephone No. [Home/Main]: (____) _____
[Cell Phone/Secondary]: (____) _____
Occupation: _____
Employer's Name: _____
Address: _____
City: _____ Postal Code: _____
Business Telephone:(____) _____
Email: _____

Parent/Guardian 2: _____

Home Address: _____
City: _____ Postal Code: _____
Telephone No. [Home/Main]: (____) _____
[Cell Phone/Secondary]: (____) _____
Occupation: _____
Employer's Name: _____
Address: _____
City: _____ Postal Code: _____
Business Telephone:(____) _____
Email: _____

If parents are **separated/divorced**, please indicate with whom child is living: **Mother:**____ **Father:**____

Doctor's Name: _____ Telephone No. [Home/Main]: (____) _____
Address: _____ City: _____ Postal Code: _____

Allergies: _____
Suspected food sensitivities: _____
Dietary restrictions: _____
Previous conditions requiring medical assistance: _____
Prior communicable diseases: _____
Names and ages of siblings: _____
Languages spoken at home: _____
Are you/have you been involved in any community support services? _____
Any other important information: _____

EMERGENCY CONTACT 1: (Other than Parent)

Name in Full: _____
Relationship to Parent: _____
Home Address: _____
City: _____ Postal Code: _____
Telephone No. [Home/Main]: (____) _____
[Cell Phone/Secondary]: (____) _____
Email: _____

EMERGENCY CONTACT 2: (Other than Parent)

Name in Full: _____
Relationship to Parent: _____
Home Address: _____
City: _____ Postal Code: _____
Telephone No. [Home/Main]: (____) _____
[Cell Phone/Secondary]: (____) _____
Email: _____

Person(s) to whom child may be released: _____