



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

# 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.

- Preschool Program (9:00am - 11:30am)**  
M T W T F
- Half Day JK/SK Program (9:00am - 1:00pm)**  
M T W T F
- Full Day JK/SK (9:00am - 3:00pm)**  
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: \_\_\_\_\_

I give Forest Grove Preschool permission to stay in touch with me through the emailed Acorn Alerts.

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:** \_\_\_\_\_