

## APPLICATION FOR ENROLLMENT

|   |  |
|---|--|
| <b>APPLICATION DATE:</b> Day / Month / Year | <b>SCHOOL START DATE:</b> Day / Month / Year |
|---|--|

|                     |   |
|---------------------|---|
| <b>CHILD'S NAME</b> | <b>DISCHARGE DATE:</b> Day / Month / Year |
|---------------------|---|

|                   |            |                  |                                      |
|-------------------|------------|------------------|--------------------------------------|
| <b>First Name</b> | <b>M.I</b> | <b>Last Name</b> | <b>Date of Birth: Day/Month/Year</b> |
|                   |            |                  |                                      |

|                                 |             |                    |
|---------------------------------|-------------|--------------------|
| <b>Full Address: Street No.</b> | <b>City</b> | <b>Postal Code</b> |
|                                 |             |                    |

|   |   |
|---|---|
| <b>Res. Phone</b>                                     | <b>Cell Phone</b>                             |
| Application for: <b>Half Day Programs</b>             | <b>Full Day Program</b>                       |
| Morning 9:00 a.m. to 12 p.m. <input type="checkbox"/> | 7:30 a.m. -6:30 p.m. <input type="checkbox"/> |
|   |   |

### PARENTS / GUARDIAN INFORMATION

|                       |                     |
|-----------------------|---------------------|
| <b>Fathers Name</b>   | <b>Occupation</b>   |
| <b>Home Address</b>   | <b>Work Address</b> |
|                       |                     |
| <b>Res/cell Phone</b> | <b>Work Phone</b>   |

|                       |                     |
|-----------------------|---------------------|
| <b>Mother's Name</b>  | <b>Occupation</b>   |
| <b>Home Address</b>   | <b>Work Address</b> |
|                       |                     |
| <b>Res/cell Phone</b> | <b>Work Phone</b>   |

### EMERGENCY CONTACT PERSON

|                   |                 |
|-------------------|-----------------|
| Name/Relationship | Work/Cell Phone |
| Name/Relationship | Work/Cell Phone |

### AUTHORIZED PICK UP PERSON (S)

|      |              |
|------|--------------|
| Name | Relationship |
| Name | Relationship |

## APPLICATION FOR ENROLLMENT

**IMPORTANT NOTE**

1. Children will not be released to anyone not listed in the enrollment form unless advised by the parent
2. A school supply fee of \$75.00 is required with this application. This fee is not refundable.
3. The monthly fee is due regardless of the days in a month, absenteeism due to illness or inclement weather, plus school and statutory holidays.
4. If for any reason it becomes necessary to withdraw your child, a minimum notice of one month is required.
5. Please ensure that you have read the Parents hand book carefully and you agree to follow the instructions.
6. Please fill out the enrolment and other enclosed forms carefully and return these to the Director, Patricia Nowicki

|                           |               |
|---------------------------|---------------|
| <b>Parents' Signature</b> | <b>Date :</b> |
|---------------------------|---------------|

All Personal Information provided to Bearwood Academy will be treated in accordance with the terms of the school Privacy Policy. By affixing your signature above, you agree that you have read the Parents hand book including the school privacy policy carefully and that you have agreed to all the school polices and procedures as described in the Parent's handbook.