



# BIRCH HILLS ACADEMY CREATIVE KIDS EDUCATION CENTRE CREATIVE KIDS PRESCHOOL

Engaging the Whole Child



## Application for Admission

(for office use) Date of Admission: \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_

**PROGRAM:**

*Preprimary:* M/W/F \_\_\_\_\_ T/Th \_\_\_\_\_ *Preschool:* M/W/F \_\_\_\_\_ T/Th \_\_\_\_\_

*Junior Primary:* M/T/W/Th/F \_\_\_\_\_

*Elementary School:* Grade \_\_\_\_\_

*Middle School:* Grade \_\_\_\_\_

Junior Golf \_\_\_\_\_ Enhanced Dance \_\_\_\_\_

*Clubhouse:* Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Indicate approx. arrival time \_\_\_\_\_

**PLEASE PRINT**

FULL NAME OF CHILD \_\_\_\_\_

(please underline name most often used)

NICKNAME (if used) \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

Day Month Year

ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE \_\_\_\_\_

**INFORMATION ON PARENT(S) OR GUARDIAN(S):**

FULL NAME OF MOTHER \_\_\_\_\_

OCCUPATION \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

FULL NAME OF FATHER \_\_\_\_\_

OCCUPATION \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FATHER'S CELL PHONE \_\_\_\_\_ MOTHER'S CELL PHONE \_\_\_\_\_

List other children in the family and give ages.

BROTHERS \_\_\_\_\_

SISTERS \_\_\_\_\_

List any other members of the household (grandparents etc) and state relationship to child:

NAME \_\_\_\_\_

NAME \_\_\_\_\_

Name of last school/daycare/preschool attended \_\_\_\_\_

Length of time at this facility \_\_\_\_\_

Please describe your child's special interests and strengths: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your child been identified as having any special needs? \_\_\_\_\_. If yes, please elaborate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who, other than the child's parent, has permission to pick the child up from school?

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**BOTH PARENTS (GUARDIANS) TO SIGN BELOW UNLESS SINGLE PARENT (GUARDIAN)**

I consent to the enrollment of my child \_\_\_\_\_ with BIRCH HILLS ACADEMY/CREATIVE KIDS EDUCATION CENTRE INC/PRESCHOOL. I agree that BIRCH HILLS ACADEMY/CREATIVE KIDS EDUCATION CENTRE INC/PRESCHOOL maintains the right to terminate my child's enrollment at any time if it is in the best interests of the child and/or the school.

If the school is unable to contact me, I give permission to BIRCH HILLS ACADEMY/CREATIVE KIDS EDUCATION CENTRE INC/PRESCHOOL to act in the best interest of my child in cases of emergency that warrant immediate emergency and/or medical attention. I give my permission to BIRCH HILLS ACADEMY/CREATIVE KIDS EDUCATION CENTRE INC/PRESCHOOL to call upon Medical Doctors at THE IZAAK WALTON KILLAM HOSPITAL FOR CHILDREN EMERGENCY DEPARTMENT or THE COBEQUID MULTI-SERVICE CENTRE or THE HAMMONDS PLAINS WALK IN CLINIC to administer emergency procedures, in the event of a sudden illness or serious accident to my child. I agree to assume responsibility for any expenses incurred by the school in dealing with emergency illness or injury.

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



**BIRCH HILLS ACADEMY  
 CREATIVE KIDS EDUCATION CENTRE  
 CREATIVE KIDS PRESCHOOL  
 STUDENT HEALTH QUESTIONNAIRE**



*To be completed by the parent(s)*

Name of student: \_\_\_\_\_ Date: \_\_\_\_\_

Provincial Health Care Number: \_\_\_\_\_ /Expiry Date: \_\_\_\_\_

**IN CASE OF EMERGENCY**

Adult to contact if you cannot be reached

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone : \_\_\_\_\_

Physician and/or clinic

Name: \_\_\_\_\_

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

\_\_\_\_\_ Telephone: \_\_\_\_\_

**IMMUNIZATION RECORD – Date Must be Indicated - Y/M/D**

<b>Vaccine</b>	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>4<sup>th</sup></b>	<b>5<sup>th</sup></b>
DPTP					
HIB					
Pneumococcal Conjugate					
MMR					
Meningococcal Conjugate					
Varicella					
Pneumococcal polysaccharide					
Other					

Dentist and/or clinic

Name: \_\_\_\_\_

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

\_\_\_\_\_ Telephone: \_\_\_\_\_

**HEALTH & DEVELOPMENTAL HISTORY**

Describe your child's general health (e.g. recurrent colds, ear infections, stomach-aches, etc.): \_\_\_\_\_

Describe any allergies other than food allergies: \_\_\_\_\_

Does your child have any existing medical conditions? If yes, please describe \_\_\_\_\_

If your child is taking any medication, what medication and what is it for:

Describe your child's emotional, physical and social growth, and development to this point:

Has your child eaten peanut butter at home: Yes \_\_\_\_\_ No \_\_\_\_\_

Describe any food allergies: \_\_\_\_\_

Diet restrictions (cultural, religious): \_\_\_\_\_

**BEHAVIOUR PATTERNS AND HABITS**

Describe your child's behaviour and habits (e.g. temperament, energy level): \_\_\_\_\_

Any other pertinent information? \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_