



SY 2020-2021

Early Years



Enrolment/Registration Form



Candidate for:

Nursery/Toddler _____ Kindergarten I _____

Kindergarten 2 _____ PrePrimary _____

Full Time _____ HC/EC _____

Child's Photo

Child's Full Name: _____

Security Number _____ - _____ - _____

Date of Birth: _____ Gender: _____

Race: _____ Complexion: _____ Hair Color: _____

Hair Length: _____ Eye Color: _____ Glasses/Contacts: _____

Height: _____ Feet _____ Inches Weight: _____ Build: _____

Piercings: _____ Tattoos: _____ Blood Type: _____

Hearing Aid: _____ Brand: _____

Other Distinguishing Marks (Scars, Birthmarks, Etc.): _____

Allergies: _____

Pre-existing Conditions: _____

Medications: _____

Doctor's Name/Phone: _____

Home Address/Telephone: _____

Parent/Guardian Names: _____

Fathers Name _____ Phone _____

Occupation _____ Workplace _____

Mothers Name _____ Phone _____

Occupation _____ Workplace _____

Other Information _____



Admission/Enrolment/Registration Form



