

SPRING GARDENS MORAVIAN PRE-SCHOOL & DAY CARE

APPLICATION FORM

NAME OF THE CHILD _____

AGE _____ DATE OF BIRTH _____

ADDRESS _____

MOTHER'S NAME _____ RELIGION _____

TELEPHONE: HOME _____ WORK _____ CELL _____

OCCUPATION _____

NAME AND ADDRESS OF EMPLOYER _____

FATHER'S NAME _____ RELIGION _____

TELEPHONE: HOME _____ WORK _____ CELL _____

OCCUPATION _____

NAME AND ADDRESS OF EMPLOYER _____

NAME AND ADDRESS OF CONTACT IN CASE OF EMERGENCY _____

NAME OF DOCTOR _____

DID YOUR CHILD ATTEND DAYCARE OR PRESCHOOL _____

IF YES WHERE? _____

WHAT WOULD YOU LIKE THE CENTRE TO DO FOR YOUR CHILD?

LIST THE NAMES AND RELATIONSHIP TO THE CHILD OF PERSONS WHO WILL DROP OFF AND COLLECT THE CHILD DAILY:

SIGNATURE _____ DATE _____

SPRING GARDENS MORAVAIN PRE SCHOOL & DAY CARE CENTRE

AGREEMENT FORM

In order to ensure that we can provide the services that your child or children is/are entitled to, it is essential that the financial status of the centre be stable.

I _____, parent/guardian

Of _____ agree to:

(Child's name)

- Pay within **the first five days of each month**, fees of **\$250.00(subject to change)**. With no deductions for absence unless otherwise discussed with the Board. Failure to pay will result in my child or children not being accepted at the Centre.
- I understand that if my child or children remain at the Centre past the schedule closing time agreed upon for picking up my child or children, I will be charged and agree to pay **\$20.00 per half hour or part thereof, past the regular closing time.**
- In the event of a physical accident or emergency illness, and I am not immediately available, the Medical Practitioner selected by the centre may treat or hospitalize my child or children.

I fully understand these rules and will abide with the Centre's rules and policies. Violation of any of these rules will result in the immediate termination of my agreement and withdrawal of my child or children from the Centre.

Signed.....

Date.....

Child's Name.....

PROFILE OF THE CHILD

IS THERE ANY SPECIAL PLAYTHING YOUR CHILD NEEDS DURING THE DAY?

IF YES, WHAT IS IT?

DOES YOUR CHILD HAVE ANY OTHER SPECIAL MENNERISMS? PLEASE STATE:
(e.g. thumb suck, nail bite or needs to have special toy)

DOES YOUR CHILD HAVE ANY FEARS: _____ OF WHAT _____

HOW DOES YOUR CHILD BEHAVE WHEN ANXIOUS OR UPSET?
(e.g. cry, throw tantrums or goes into a corner)

HOW DOES YOUR CHILD RELATE TO OTHER CHRILDREN?

TO ADULTS _____

DOES YOUR CHILD HAVE A LISP OR SPEECH IMPEDIMENT?

DOES YOUR CHILD HAVE A HANDICAP _____

IF YES PLEASE DESCRIBE: GIVE CAUSE, TREATMENT AND PRONOSIS:

DEVELOPMENTAL HISTORY

FOOD

ON WHAT FORMULAR IS YOUR CHILD FED? _____

HOW OFTEN IS YOUR CHILD FED? _____

DOES YOUR CHILD FEED HIM/HER SELF? _____

DOES YOUR CHILD HAVE ANY FEEDING OR EATING PROBLEMS?

DOES YOUR CHILD EAT WITH HANDS _____ SPOON _____ FOLK _____

TOILET TRAINING

IS YOUR CILD TOILET TRAINED? _____

HOW OFTEN DOES HE OR SHE EMPTY THEIR BLADDER _____

HOW OFTEN DOES HE OR SHE HAVE BOWEL MOVEMENTS?

DOES YOUR CHILD WET HIS/HER BED? _____

LOSE CONTROL OR HAVE ACCIDENTS FREQUENTLY?

DOES YOUR CHILD TAKE NAPS DURING THE DAY? IF SO FOR WHAT LENGTH OF TIME?

IS THERE ANYTHING ELSE IN YOUR CHILD'S DEVELOPMENTAL HISTORY OR ANY HEALTH RELATED PROBLEMS WE SHOULD KNOW ABOUT?

Thank you