# BRANDON NURSERY SCHOOL INC. Application for Admission 725-2226

Monthly fees are based on number of scheduled classes in each month x \$5.00 Therefore, you do not pay for holidays. E-transfers or postdated cheques are required upon enrollment or before the first day of school. Postdated cheques are payable to Brandon Nursery School. Two weeks notice must be given of intent to withdraw a child. Child may attend during the withdrawal period. Fees will be collected to the end of two weeks. A fine of \$10.00 for N.S.F. cheques is payable within two weeks.

### **CLASSESS REQUESTED**

Circle however many days apply (child may attend one, two, three, or four days per week)

Monday Tuesday Wednesday Thursday

 Indicate time preferred:
 9:00 a.m. to 11:30 a.m.
 \_\_\_\_\_

 1:00 p.m. to 3:30 p.m.
 \_\_\_\_\_\_

### PERSONAL INFORMATION

Child's Name:	<b>C</b> iuca anno 2		
Surname	Given names		
Child's Birthday (month/day/year):			
Parent 1's Name:	Parent 2's Name:		
Address:			
Home Phone #:			
Business Phone # Parent 1:	Parent 2:		
Email address:			
Occupation: Parent 1:	Parent 2:		
Child's Manitoba Health No.:	PHIN#:		
Family doctor's name and telephone	e #:		
Name, address and telephone # of as a person to call if we are unable emergency:	a responsible adult whom you designate to reach you in case of an		

NAME

Other members of household, excluding brothers or sisters, i.e., grandparents, borders, etc.

General health of child: List disabilities, allergies, etc., of which the teachers should be made aware of:

Are there foods your child does not eat for cultural or religious reasons?

We would like your comments about the expected development of your child during the year:

## ADDITIONAL INFORMATION

For our teachers to help with the development of your child, please answer the following: What activities does your child enjoy?

How would you say your child reacts under stress? (Such as being hurried, etc):

How does your child deal with sharing?\_\_\_\_\_

Will your child play in a group or by himself/herself?\_\_\_\_\_

Is there anything that frightens your child? (I.e. darkness, loud noises, dogs, etc.) Social contact experiences 
 Camping\_\_\_\_\_
 Movies\_\_\_\_\_
 Sunday School\_\_\_\_\_

Concerts\_\_\_\_\_
 Stories\_\_\_\_\_
 Pets\_\_\_\_\_
 Does your child have an interest in any of the following? Books\_\_\_\_\_Stories\_\_\_\_Pets\_\_\_\_\_T.V.\_\_\_\_Outdoors\_\_\_\_Others\_\_\_\_\_ Is music a part of your family activities? Please list some favorite toys: \_\_\_\_\_ Parents' special talents that the Nursery School could use (i.e., music, sewing, etc.) \_\_\_\_ If interested in a position on our Executive, please indicate here: How did you learn about our program? Facebook \_\_\_\_\_ Website \_\_\_\_\_ Friend or relative\_\_\_\_\_ Outside sign\_\_\_\_\_ Other \_\_\_\_\_ I have read and understand about the monthly fees and notice of intent to

withdraw my child. I am willing to comply with this and with any specific restrictions discussed in the Nursery School's information pamphlet. I understand this application is to be returned, with release form and vaccination form completed, to ensure enrollment of my child. Brandon Nursery School Inc. and/or teachers are not responsible for transportation of children to and from the school.

Signed:

Name

Date

# RELEASE FORM

Please list the names and phone numbers of any individuals to whom your child MAY BE RELEASED: \_\_\_\_\_

(Photo I.D. may be required for verification.)

Please list the names of individuals to whom your child MAY NOT BE RELEASED: \_\_\_\_\_

## <u>Picture Release</u>

I hereby grant permission for my child to be photographed and/or videotaped by Nursery School staff for program purposes.

I hereby release for publication or telecast in any news media the photograph of my child.

## Field Trips

I hereby grant permission for my child to go on outings with the Brandon Nursery School Inc. staff.

# **Observations**

I hereby grant permission for my child to be observed by students who are training in the Child Care profession, or other fields where observations of child development are relevant. No specific research will be done without the parent's knowledge and written consent.

## Medical Consent Form

In the event that my child is ill or injured and I cannot be reached, I give consent for the Day Care Provider to refer my child to the family physician. If the physician cannot be reached, I give consent to have my child taken to the Emergency Department of the Brandon Regional Health Center. Any costs incurred as a result of taking the child to the hospital or to the physician (i.e., ambulance, taxi, medication, etc.) is the responsibility of the parent.

NAME OF CHILD:	
DATE:	
SIGNATURE OF PARENT/GUARDIAN:	
SIGNATURE OF STAFF:	

VACCINATIONS				
AGE	VACCINE	DATE ADMINISTERED	PLACE ADMINISTERED	
2 MONTHS	DPT & OPV			
4 MONTHS	DPT & OPV			
6 MONTHS	DPT & OPV			
12 MONTHS	MMR			
18 MONTHS	DPT & OPV			
4-6 YEARS	DT & OPV			
OTHER				