

Child's Name: _____ **Birth Date:** ____/____/____ (yy/mm/dd)

Mailing Address: _____ **City/Town:** _____

Postal Code: _____ **Primary Phone:** _____

MCP: _____ **Expiry Date:** _____

School: _____ **Grade:** ____ **English:** _____ **French:** _____ **Bus:** _____ **Homework Club:** _____

Parent 1: _____ Work Place: _____ Work Address: _____ Cell #: _____ Work#: _____ Email: _____	Parent 2: _____ Work Place: _____ Work Address: _____ Cell #: _____ Work # _____ Email: _____
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Please indicate email for correspondence: ☐ Parent 1 ☐ Parent 2 ☐ Both

Current marital status of parents: ☐ Married ☐ Separated ☐ Other

Do both parents have permission to leave our school with the child? Yes ☐ No

Alternate Pick Up:

Name	Relationship to Child	Phone #'s	Signature Required

ACADEMIC and ENRICHMENT PROGRAMS:

<input type="checkbox"/> Reading/Writing	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	Grade: _____	Time: TBD
<input type="checkbox"/> Mathematics	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday	Level: _____	Time: TBD
<input type="checkbox"/> Group Piano	Monday			Level: _____	Time: TBD
<input type="checkbox"/> Ukulele Level 1/2	Monday			Level: _____	Time: TBD
<input type="checkbox"/> Violin Level 1/2	Wednesday			Level: _____	Time: TBD

In case of emergency, I give permission for treatment by a qualified doctor or any person qualified to give emergency treatment, I release Early Achievers from any liability for injury that may arise or be occasioned thereof. Physician: _____ Phone Number: _____

Does your child have any allergies? ☐ Yes ☐ No Epi-Pen: _____ Please describe: _____

In order to provide your child with the best environment possible, it is necessary for us to know if your child has been/will be referred to a specialist for speech language, or if there are any behavioural, social/emotional, or academic concerns? Please indicate if there is anything else that we should be aware of to help make your child's day run smooth? _____

Parent/Guardian Signature: _____ Date: _____