



Office Use only:
 Post-Dated Cheques: _____
 PAD _____ Credit Card _____
 Reg. fee paid _____ Date: _____
 Start Date: _____
 End Date: _____

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

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

Postal Code: _____ **Phone:** Parent 1: _____ Parent 2: _____

Parent 1 (Name): _____ Parent 2 (Name): _____

Parent 1 (Email): _____ Parent 2 (Email): _____

MCP: _____ **Expiry Date:** _____

School: _____ **Grade:** ____ **French:** **English:** **Homework Club:** Yes No

Parent 1: _____	Parent 2: _____
Workplace: _____	Workplace: _____
Work Address: _____	Work Address: _____
Cell #: _____ Work#: _____	Cell #: _____ Work #: _____

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

I/We acknowledge that Early Achievers may photograph or video students throughout the day. Such photographs or videos maybe used for publicity purposes which may include social media. Students' names will not be attached.

Alternate Pick Up:

Name	Relationship to Child	Phone Number	Signature Required

ACADEMIC and ENRICHMENT PROGRAMS:

- Reading/Writing Tuesday Wednesday Thursday Grade: _____ Time: **TBD**
- Mathematics Tuesday Thursday Level: _____ Time: **TBD**
- Group Piano** with the Music Collection Wednesday Level: _____ Time: **TBD**
- Ukulele** Level 1/2 with the Music Collection Wednesday Level: _____ Time: **TBD**
- Violin** Level 1 with the Music Collection 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: Yes No 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(s) Signature: _____ Date: _____