



St. Giles Preschool

A Great Place To Start

Application Form

Welcome!

You've made a great choice for your child! We're honoured to become a part of your child's early learning experiences - and we're excited to get to know you, your family members, and the other important people in your child's life. This application form ensures that we all have the best start possible.

TELL US ABOUT YOUR CHILD			
First Name	Middle Name	Last Name	Nickname
Date of Birth	Gender M F	Language (s) spoken at home	
Child's Home Address			Home Phone
Has your child attended any other pre-school? If yes, which one?		Expected Start Date at St. Giles	

TELL US ABOUT YOU		
Parent / Guardian	Relationship to child	Mobile phone
Home address	Email address	Home phone
Employer and address		Work phone
Parent / Guardian	Relationship to child	Mobile phone
Home address	Email address	Home phone
Employer and address		Work phone
Who has legal custody of your child?	Relationship	
Please list family members your child lives with, including the names and ages of siblings		



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YOUR CHILD'S HEALTH ISSUES OR ALLERGIES

Please indicate any health issues:

OTHER INFORMATION

Please indicate any additional information pertinent to your application:

Next Steps:

Your application will be reviewed and you will be invited for an evaluation of your child. Following that you will be notified via e-mail/phone regarding an acceptance decision. Submission of an application form does NOT mean admission has been granted.

Acknowledgement:

I have read, understand and accept all the terms in this Agreement. I will promptly update any information provided for in this Agreement if any information changes. St. Giles Preschool management does not have the authority to change the terms of this Agreement (other than inserting information where required) either verbally or in writing. A child may be dis-enrolled by St. Giles Preschool without prior notice if, in the sole opinion of the St. Giles Preschool, it is in the best interest of the child or the St. Giles Preschool. We reserve the right to alter policies and/or program at any time.

Parent/ Guardian Signature (s): _____

Date: _____

CHECKLIST OF REQUIRED ATTACHMENTS	INCLUDED?
Copy of pupil's birth certificate	
Copy of pupil's health records	
Photo of pupil	