

Young Minds Preschool

Application for Enrollment

1744 Lakeshore RD W.
Mississauga, ON
L5J 4N8

YOUNG MiNDS
Preschool

Young Minds Preschool
Application for Enrollment

Date of Admission: _____

Date of Discharge: _____

CHILD INFORMATION

Full Legal Name: _____ Preferred Name: _____

Date of Birth: (dd/mm/yyyy)/_____ Age (years, months): _____

Home Address (es):

Language (s) Spoken at home:

Other children in the family enrolled in the centre (list of names, if applicable):

Program Selected (please circle or highlight)

Toddler (18 months-2.6years)

Preschool (2 ½ -4 years)

Kindergarten (4-6 years) *5 days only

*3 days programs are run M/W/F

*2 day programs are run TH/TH

PARENT INFORMATION

Full Legal Name: _____ Preferred Name: _____

Relationship to Child: _____ Primary Phone Number: _____

Alternate Phone Number: _____ Email address: _____

Home Address (if differs from child):

Parent Occupation: _____ Work name & Address: _____

PARENT INFORMATION

Full Legal Name: _____ Preferred Name: _____

Relationship to Child: _____ Primary Phone Number: _____

Alternate Phone Number: _____ Email address: _____

Home Address (if differs from child):

Parent Occupation: _____ Work name & Address: _____

CUSTODY ARRANGEMENTS (if applicable)

Are there custody arrangements pertaining to legal right of access to your child? YES NO

If YES, please provide a copy of the appropriate legal documents (e.g.) court order

Names of custodial parent (s): _____

Name (s) of individuals prohibited from accessing/picking up your child: _____

EMERGENCY CONTACTS

Full Legal Name: _____ Preferred Name: _____

Relationship to Child: _____ Primary Phone Number: _____

Alternate Phone Number: _____

Home Address: _____

Is this person authorized to pick up your child: YES NO

Full Legal Name: _____ Preferred Name: _____

Relationship to Child: _____ Primary Phone Number: _____

Alternate Phone Number: _____

Home Address: _____

Is this person authorized to pick up your child: YES NO

Full Legal Name: _____ Preferred Name: _____

Relationship to Child: _____ Primary Phone Number: _____

Alternate Phone Number: _____

Home Address: _____

Is this person authorized to pick up your child: YES NO

ADDITIONAL EMERGENCY INFORMATION

Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g., medical conditions, skin conditions, vision/hearing difficulties):

HEALTH INFORMATION

If your child has a history of communicable disease (e.g. chicken pox, measles) please list them below)

Does your child have any medical needs that requires additional support (e.g. Diabetes)

YES NO

If yes, and individualized plan for children with medical needs must be developed between the parent and the school prior the child's first day

IMMUNIZATION RECORD

An updated copy of your child’s immunization record must be provided to the school prior to your child’s start date

FAMILY DOCTOR INFORMATION

Name: _____

Address: _____

Phone #: _____

ALLERGY INFORMATION

Does your child have a life threatening allergy (e.g. anaphylactic to peanuts or bee strings)?

YES NO

If yes, an individual plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the school prior to the child's start date.

Does your child have any allergies that are non-life threatening (food or other substances (e.g., latex)?

YES NO

If yes, please provide relevant details, including what your child is allergic to, symptoms of reaction and treatment required:

*** For Food Allergies and Restrictions please see Allergy Form***

Sleep Arrangements

Does your child have any special sleep requirements?

YES NO

If yes, please provide relevant details:

ADDITIONAL INFORMATION

Please provide any additional information that is relevant to the care of your child:

Parent Name: _____ Date: _____

Parent Signature: _____

Parent Name: _____ Date: _____

Parent Signature: _____

