



Warm and Welcoming. Reggio Inspired. IB Driven.

## APPLICATION FOR EARLY YEARS ENROLMENT

Start Date: \_\_\_\_\_

Date Received: \_\_\_\_\_

### STUDENT INFORMATION

Student Name: \_\_\_\_\_  Male  Female  
(Last name) (First name) (Middle name)

Home Phone: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(City) (Postal Code)

Academic Year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Language(s) Spoken at Home: \_\_\_\_\_ First Language Spoken: \_\_\_\_\_

### PARENT INFORMATION

Name of Parent / Guardian (A): \_\_\_\_\_  
(Last name) (First name) (Middle name)

Relationship to Child: \_\_\_\_\_ Profession: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(City) (Postal Code)

Work Address: \_\_\_\_\_  
(City) (Postal Code)

Email: \_\_\_\_\_

Name of Parent / Guardian (B): \_\_\_\_\_  
(Last name) (First name) (Middle name)

Relationship to Child: \_\_\_\_\_ Profession: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(City) (Postal Code)

Work Address: \_\_\_\_\_  
(City) (Postal Code)

Email: \_\_\_\_\_

Mailings & Emails to:  Both Parents  Father  Mother  Guardian/Other: \_\_\_\_\_

Are there any legal orders or agreements pertaining to custody / access of the child?

Yes  No

If there are any restrictions in terms of custody or access, please attach the legal document that sets out these restrictions.

Student lives with:  Both Parents  Father  Mother  Guardian/Other: \_\_\_\_\_

## EDUCATIONAL INFORMATION

1. What would you like to tell us about your child's personality and interests?

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2. Any previous experience in a childcare setting?

Yes

No

3. Does your child have any challenging habits? *(if yes, please specify)*

Yes

No

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4. Is your child enrolled in any sports or other activities? *(if yes, please specify)*

Yes

No

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5. Has your child ever displayed any serious behavioural problems? *(if yes, please specify)*

Yes

No

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6. Are there any challenges that your child experiences at daycare/home?

Yes

No

*(if yes, please specify)*

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7. Has your child ever received speech therapy?

Yes

No

8. Has your child ever been referred to an Early Interventionist?

Yes

No

9. Has your child ever received ABA or IBI therapy?

Yes

No

10. Is your child fully potty trained\*?

Yes

No

\*Child can independently demonstrate effective self help skills while in the washroom.

## HEALTH INFORMATION

1. Does your child have asthma or any other respiratory ailment? *(if yes, please specify)*  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_
2. Does your child have any allergies or food sensitivities?  Yes  No  
*(if yes, please specify allergies/sensitivities)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Do these allergies require an EpiPen auto-injector?  Yes  No
3. Does your child have any religious or specialized dietary requirements?  Yes  No  
*(if yes, please specify)* \_\_\_\_\_  
\_\_\_\_\_
4. Does your child take any medication(s) on a regular basis? *(if yes, please specify)*  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_
5. Does your child have any current/past medical issues that we should be aware of?  Yes  No  
*(if yes, please specify)* \_\_\_\_\_  
\_\_\_\_\_
6. Has your child had his/her eyes tested within the last year? *(if yes, what are the results?)*  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_
7. Has your child had his/her hearing tested within the last year? *(if yes, what are the results?)*  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_
9. Does your child have a family doctor? *(if yes, when were they last seen?)*  Yes  No  
\_\_\_\_\_
10. Has your child had any communicable disease, such as chicken pox, mumps, and etc.?  Yes  No  
*(if yes, please specify)* \_\_\_\_\_  
\_\_\_\_\_

## APPLICATION FEE AND ACCEPTANCE

Please review and check the following items as acknowledgement of your agreement:

- I have enclosed a cheque made **payable to Richland Academy** in the amount of \$125.00 as the non-refundable application fee.
- I have attached proof of my child's date of birth. (Birth Certificate or Passport)
- I understand that in order to complete the application process, Richland Academy may request a family meeting. A day visit will also be scheduled for Early Years applicants if applicable. Richland Academy may also request communication with former childcare/school where appropriate and a review of assessments. I authorize my child's current childcare/school and former childcare/school to disclose information and/or documents to Richland Academy.
- I understand that Richland Academy has the right to complete discretion to accept or reject any application. Application fees are non-refundable.
- I consent to the collection, retention and disclosure of the above information for use by Richland Academy for school purposes only.

**I/We understand and agree to all of the items above.**

Signature of Parent/Guardian (A) : \_\_\_\_\_ Date : \_\_\_\_\_

Signature of Parent/Guardian (B) : \_\_\_\_\_ Date : \_\_\_\_\_

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## RICHLAND ACADEMY PRIVACY STATEMENT

Richland Academy is committed to protecting the privacy of the personal information of its applicants, registered families, volunteers and staff. Richland Academy will not sell, trade or share the personal information of applicants, registered families, volunteers and staff. Every reasonable effect is made to maintain security of this information and ensure that only authorized staff have access to the information. Authorized staff receive training and are required to follow Richland Academy's Privacy Policy.

CASL: We consent to receive electronic communication from Richland Academy. We may unsubscribe at any time.

Signature of Parent/Guardian (A) : \_\_\_\_\_ Date : \_\_\_\_\_

Signature of Parent/Guardian (B) : \_\_\_\_\_ Date : \_\_\_\_\_