

green apple kids Application for Admission



Name of Child:			
Preferred Name:		Date of Birth: MM/DD/YYYY	Age:
Home Address:			Male <input type="checkbox"/> Female <input type="checkbox"/>
City:		Telephone:	
Province:		Postal Code:	
Requested Enrolment Date: MM/DD/YYYY		Referred by:	
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		Days Required (Part Time):	

For Office Use Only			
Date of Enrolment:		Date of Withdrawal:	
Classroom:	Schedule:	1st Visit Scheduled:	At:
Program:		2nd Visit Scheduled:	At:

Application Process:

Date of Application: _____

The following is a checklist to expedite the application process:

- A completed application
Registration Fee of \$250.00 (non-refundable).
- Cheques payable to Green Apple Children's Centre Inc.
- Visitation and/or Personal Interview

**3605 Dundas Street West
Toronto, Ontario
M6S 2T1
www.greenapplekids.ca
416/570-6096**

Place your child's current photo here

For infant, toddler and preschool programs, please remember that your requested enrolment date at the time of application is not guaranteed. Every effort will be made to accommodate your family's needs. Approximately 4-6 weeks prior to your anticipated start date, Green Apple will contact you to discuss upcoming availability. A security deposit is due upon confirmation of start date. The deposit is refundable based on a one month written notification of withdrawal, at which time it will be applied to the last month's invoice.



Family Data

If parents are divorced or separated, please indicate with whom the child is living.
If there are custody and/or access issues, legal documentation must be provided to us.

Mother's Name (First and Last):	
Home Address (if different from child):	
City, Province:	Postal Code:
Home Phone:	Email:
Employer's Name	Work Phone:
Address:	Alternate Phone:
City, Province:	Postal Code:
Occupation:	Work Email:
Father's Name (First and Last):	
Home Address (if different from child):	
City, Province:	Postal Code:
Home Phone:	Email:
Employer's Name:	Work Phone:
Address:	Alternate Phone:
City, Province:	Postal Code:
Occupation:	Work Email:
Guardian's Name (First and Last):	
Home Address (if different from child):	
City, Province:	Postal Code:
Home Phone:	Email:
Employer's Name	Work Phone:
Address:	Alternate Phone:
City, Province:	Postal Code:
Occupation:	Work Email:



Emergency Contacts

These people will be contacted if guardian(s) cannot be reached.

Emergency Contact #1:		Relationship:	
Address, City, Postal Code:			
Telephone:	Alternate Telephone:	Authorized Pick-up? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Emergency Contact #2:		Relationship:	
Address, City, Postal Code:			
Telephone:	Alternate Telephone:	Authorized Pick-up? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Emergency Calling Order (name/location):			
1st:	2nd:	3rd:	4th:

Medical Information

Family Doctor:	Telephone:
Address:	
City, Province:	Postal Code:
Does your child have any medical concerns? If yes, please explain.	
Does your child require any medications? If yes, please explain.	
Child's history of communicable diseases (e.g. chickenpox, mumps, measles, rubella, etc.)	
Please explain any limitations or other concerns which may affect your child's participation in the program.	

Goals and Objectives

Please describe what would be important for your child to experience or gain from their time at Green Apple.
Please outline your expectations of Green Apple regarding development and care of your child.
Do you have any concerns of additional information that will help us to ensure a smooth transition from home to school?



Program Schedule

Green Apple offers full and part-time enrolment. Our goal is to support families with their childcare needs. Placement decisions are individualized and based on (but not limited to) such factors as teacher recommendations, parent requests and child-teacher ratios. More than one class may be appropriate for a child. The Executive Director and Supervisors make final placement decisions.

Program Selected:

Drop Off/Pick Up

Please list all individuals that are authorized to drop off or pick up your child.

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

Parent/Guardian Signature

Name:	Date:
Signature:	
Name:	Date:
Signature:	

Failure to disclose all or any information requested in this application will automatically void this application. Green Apple's open admission and hiring policies do not discriminate on the basis of race, sex, ethnic origin or similar factors. Applicants of all races and creeds are welcomed at Green Apple.

Physical/Emotional or Development Needs

Does your child have any physical, emotional or development needs? Yes No If yes, please explain:

Are you involved with any external programs related to your child's needs?

Nutritional Needs

Does your child have any allergies or sensitivities to certain foods? Yes No If yes, please describe:

Does your child have any religious or personal choices that will affect snacks or meals? Yes No If yes, please describe:

Please describe any pertinent information Green Apple will need to know about the dietary needs of your child:



Temperament and Personality

While at home, does your child play with friends his or her own age? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What toys and activities does your child most enjoy?	
What responsibilities does your child have in the home?	
Does your child have a pet? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of pet:	Pet's name:
What is your child's favourite storybook?	
Does your child have a favourite security/comfort item? Yes <input type="checkbox"/> No <input type="checkbox"/>	What is it?
Child's strengths, talents, highlights, etc.:	
Child's difficulties, irritations and areas of concern:	
Does your child have any fears – usual or unusual? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:	
How is your child disciplined at home?	
What helps your child when he or she is upset?	
Does your child have temper tantrums? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what typically causes such a reaction?	
Is your child toilet trained? Yes <input type="checkbox"/> No <input type="checkbox"/> In the process <input type="checkbox"/> In pull-ups <input type="checkbox"/>	



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**Acknowledgement of Opening Date
and
Review of Handbook**

It is the responsibility of all parents to familiarize themselves with the **Parent Handbook**.

I, _____, have read and agree to the terms of the Parent Handbook. I understand that any changes to the Parent Handbook will be delivered to me in the form of a memo during the year. An updated Parent Handbook will be issued yearly.

Parent Signature

Child's Name