



**FOREST GROVE
PRESCHOOL**
Academy of Arts and Technology

MARCH BREAK ADMISSION

This form should be completed by a parent or guardian, and dropped off at **Forest Grove Preschool** or emailed to **Bosiljka@ForestGrove.ca**

Your Child _____ Gender: M / F Siblings attending FGP: Yes/ No Returning Student: Yes/ No		How did you hear about our program? _____ _____ _____ Special Notes about your child: _____ _____ _____
March Break (3.8y - 12y)	Fee	Dates: March 14th to March 18th
Full Day 8:30am - 5:00pm	\$300.00 for week	Monday: Stem Activities
		Tuesday: Music Day
		Wednesday: Crafty Creations
		Thursday: Science and Food
		Friday: FunDay

Total Payment: \$ _____ paid on _____ Chq# _____

Payment must be made at the time of enrollment to ensure a reserved space for our March Break Camp Program.

AII SPECIAL CAMPS ARE NON-REFUNDABLE.

REGISTER by March 10th

**Children must bring PEANUT/NUT FREE snacks and bag lunches.
They will also have outdoor time, please dress appropriately for the weather.**

We agree to our Child's photograph to be used in promotional materials for Forest Grove and/or published on social media. You have been provided with a Photo Release Form, please sign to acknowledge you have read and signed that form.

Parent Name _____

Parent Signature _____

Date _____

ALL FIELDS ARE MANDATORY PRIOR TO ACCEPTANCE

Child's Name: (first) _____ (middle) _____ (last) _____

Birth date: Day: _____ Month: _____ Year: _____

Home Address: _____ City: _____ Postal Code: _____

Telephone No. (Home): _____

Parent/Guardian 1: _____

Parent/Guardian 2: _____

Home Address: _____

City: _____ Postal Code: _____

Telephone No. [Home/Main]: (____) _____

[Cell Phone/Secondary]: (____) _____

Occupation: _____

Employer's Name: _____

Address: _____

City: _____ Postal Code: _____

Business Telephone:(____) _____

Email: _____

Home Address: _____

City: _____ Postal Code: _____

Telephone No. [Home/Main]: (____) _____

[Cell Phone/Secondary]: (____) _____

Occupation: _____

Employer's Name: _____

Address: _____

City: _____ Postal Code: _____

Business Telephone:(____) _____

Email: _____

If parents are **separated/divorced**, please indicate with whom child is living: **Mother:**____ **Father:**____

Doctor's Name: _____ Telephone No. [Home/Main]: (____) _____

Address: _____ City: _____ Postal Code: _____

Allergies: _____

Suspected food sensitivities: _____

Dietary restrictions: _____

Previous conditions requiring medical assistance: _____

Prior communicable diseases: _____

Names and ages of siblings: _____

Languages spoken at home: _____

Are you/have you been involved in any community support services? _____

Any other important information: _____

EMERGENCY CONTACT 1: (Other than Parent)

Name in Full: _____

Relationship to Parent: _____

Home Address: _____

City: _____ Postal Code: _____

Telephone No. [Home/Main]: (____) _____

[Cell Phone/Secondary]: (____) _____

Email: _____

EMERGENCY CONTACT 2: (Other than Parent)

Name in Full: _____

Relationship to Parent: _____

Home Address: _____

City: _____ Postal Code: _____

Telephone No. [Home/Main]: (____) _____

[Cell Phone/Secondary]: (____) _____

Email: _____

Person(s) to whom child may be released: _____